THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGIST AND WITH 72 HOURS AFTER BEATH AND BEFORE

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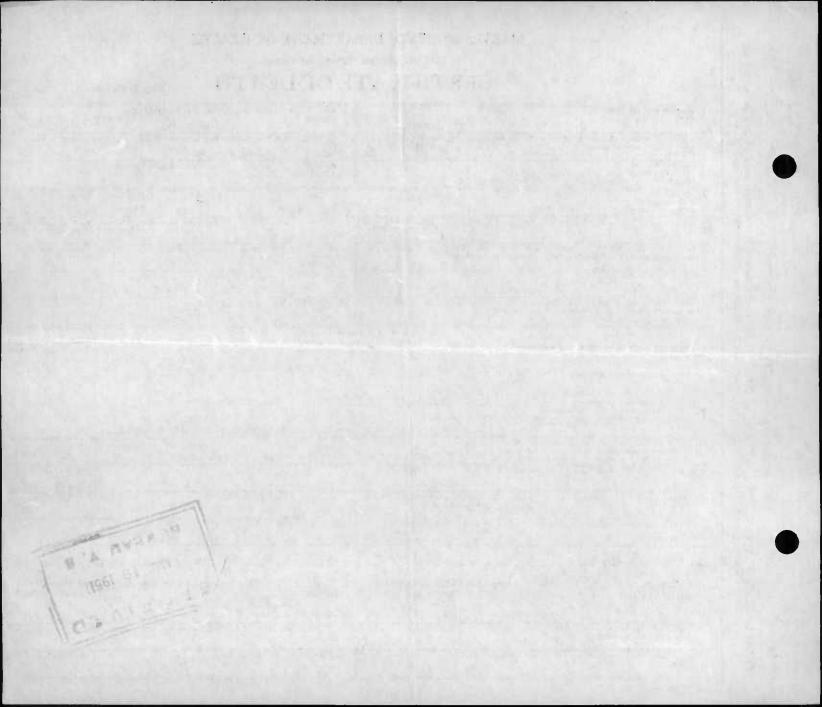
DATE REC'D BY LOCAL

REG.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT			2. USUAL RESIDENCE	0 0	COUNTY	Was and	9
~	Vicanuo	MARYLAND	mar			vorces	ec
OR give neares	corporate limits, write RUR st town) Salling	AL and LENGTH OF STAY (in this place)	CITY (If outside corpo	onoke	URAL and give	a nearest town)	
HOSPITAL OR INSTITUTION O STREET ADDR	DR 0 1- 10-51	222 1 12	STREET ADDRESS R#		ve location)	V	/
3. NAME OF DECEASED	(First)	(Middle)	B (Last)	4. DATE	(Month)	(Day) (Yes	ar)
(Type or Print)	ance	U.	Jacon	DEATH //	neron		51
5. SEX	6. COLOR OR RACE	VIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birth	Months	Days Hours L	Aln.
10a. USUAL OCCUI	PATION (Give kind of work working life, evon if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF WE	HAT
13. FATHER'S NA		7	14. MOTHER'S MAIDE	N NAME		71 -1	4.
Robe	rt fames		matild	a walk	ins		
(Yes, no, or unknown	EVER IN O.S. ARMED FORCES (If yes, give war or dates	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND	11 1100.	nol		
usman	Jac. vite)	18. MEDICAL CE	1/00/100	7,700			
			MILITICATION			INTERVAL BETWI	EEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND DEA	ATH
Iloo Immedia	te cause (a)	Hyportatic	preumo	ma_		2 day	
	ent cause(s)	Materia cal	esse Us.	000		2 /15	
93d Diseases of	conditions, if any, (b)	Consensor Secre	wis jen			73.	******
	underlying cause last	Intonineoloni	tie Cardinis	souther !	luea.	24	
	TICANT CONDITIONS	2 de la como	- Co amora	of equil			-
related to the dise	outing to the death but not ase or condition causing deat		Branchic	edans		24	
19a. DATE OF OP	ERATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?	
						Yes No	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)	
TIME (Month)		INJURY OCCURRED While Not While	HOW DID INJURY O	CCUR?			
INJURY	m.	Work At work					
22. I hereby cer	tify that I attended th	e deceased from 1/26	, 1957, to 3/12	2 , 19.5/, t	hat I last sa	w the decease	ed
	/12. 105/ -	d that death occurred at	650 D - from 4h	a same and an	Aha Jaka -k-	And about	
alive on?	10-10	(Degree or title)	ADDRESS	e causes and on	the date sta	DATE SIGNE	D
ary	a. Vaar	m). Deers	Lecas states	Com Baly	buy he	0.3/12/	10
23. BURIAL, CREA	ATION DATE THERE	51 Bastes	RY ON CREMATORY	LOCATION (City,	town of count	y) / (State)	7
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR	1	ADDRESS	
_ 900	1 mary	W. Nocestray	June	The state of	asso	2/	-/-



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

03087

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	7
MARYLAND MARYLAND	11xcmus,	
CITY (If outside Superate limits, write RURAL and LENGTH OF STAY OR give near the superation of the company of	OR TOWN ALLOWS CORPORATE HIMITS, WITHER RURAL and give OR TOWN	re nearest town)
HOSPITAL OR	STREET (Urwal give location)	
INSTITUTION OR STREET ADDRESS IN VIllage	ADDRESS in Militage	
3. NAME OF DECEASED (First Magant &	Baker 4. DATE (Month) OF DEATH MALL	Day) 9 (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED WID VED, DIVORCED, (Storiev)	8. DATE OF BIRTH 9. AGE last hirthday If under Months yrs.	l year If under 24 hrs. Days Hours Min.
done during best two king life, event a stired industrial industrial	11 BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
13. FATTERS NAME White	14. MOTHER'S MAIDEN OAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	IL INFORMANT AND ADDRESS	ula D
18. MEDICAL CEI	DIEDIC MAN A	when a
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Paisming me.	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerebral heurs	hage.	1 hn.
3 3 X Antecedent cause(s) Diseases or conditions, it any, giving rise to the above cause	m.	3 gro.
stating the underlying cause last (c)	*	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
The Direction of Canada		20. AUTOPSIT
BY ACCIDENT (Seedile) DIACE (II	CATELL OD TROTTE	Yes 🗆 No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While at Not While Not Work At work	HOW DID INJURY OCCUR?	
	1 7 1 1 0 1 2	
22. I hereby certify that I attended the deceased from 14	t, 1950, to date fatth, that I last so	w the deceased
alive on, 19, and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
Frank Leine mich	Hellaids Maryland	3-36.57
REMOVAL (Specify) ATE THE EOF NAME OF CEMETER REMOVAL (Specify)	Y OR CREATORY LOCATION (Cit, town or count	y) Se (Sate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 3-21-3-1 Mary 10. Aprilo may	21. FILLENGE G. Salut	ADDRESS
	Walter In Hillows	



2411 N. Charles Street, Baltimore

03088

CERTIFICATE OF DEATH

N) frame		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MARYLAND	STATE Maryland Dorchester	•
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	C1TY (If outside comporate limits, write RURAL and give near	arest town)
OR give nearest town) (in this place)	TOWN Galestown.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR ()	ADDRESS	
STREET ADDRESS Immsula Juneal Joycela	(Lost) 1.4 DATE (March)	200
3. NAME OF (First) (Middle)	V 11 OF 3	ay) (Year)
(Type or Print) Ounds William	Bennell DEATH &	195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKED, WIDOWED, DIVORCED,	Al. Marchal Des	ar If under 24 hrs.
Mall (Specify)	() (1, /8/2) 0 yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of vorking life even if retired) INDUSTRY		TIZEN OF WHAT
done during most of various life even if retired) INDUSTRY	This Con	(TRY? S
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Times Demily	Elexabets Bonnett	
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 4	17. INFORMANT AND ADDRESS	01
(Yes, po os unknown) (If year, give war or dates of 7/4-17-6784	My Fames Regard	7
	A vine Norman	
18, MEDICAL CEI		TERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 - / // 1 ON	SET AND DEATH
CAMP.	Kungel Hemarologo	Warn
Immediate cause (a) 2000	with the state of	may.
Antecedent cause(s)	(/	
Mahring Stores	- 4. A. A.	2.7
Diseases or conditions, if any, (b)	- Halfwellen	
stating the underlying cause last	(/	
II. OTHER SIGNIFICANT CONDITIONS	**************************************	7
Conditions contributing to the death but not	2	Description and
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20	. AUTOPSY?
The state of the s		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		es No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
ALWOISE MALE MOIR MALE MALE MALE MALE MALE MALE MALE MALE	/	
22. I hereby certify that I attended the deceased from 3./4	192/ to 3/16 195/ that I last cam t	he decessed
, -	- 11 9	
alive on 3/6, 193, and that death occurred at	D.i., m., from the causes and on the date stated	above.
SIGNATURE (Degree or title)	ADDRESS D	ATE SIGNED
Lean N (Name of MA SI)	Xalulun Mal	0 . 1
/ TOTALLA IL . INTERNALIU / "//// IN		
de production of page 1	THE WAY WITH THE	7:0/
D. PIRTAL, CREMATION DATE NAME OF CEMETER	BY OR CREMATORY OCATION (City, town, or county)	(State)
TEMOVAL (Specity) (7/9/5/ Sulest	ven / Haleslow	ruet
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ven / Haleslow	
TEMOVAL (Specity) (7/9/5/ Sulest	ven / Haleslow	mer
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE. REG. 5	ven / Haleslow	ruer



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03089

leg. Dist. No. 332...

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY
viconneo MARYLAND	margerist the cities
OR give nearest town) LENGTH OF STAY	OR CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Salisaury (in this place)	TOWN (Mapales
HOSPITAL OR INSTITUTION OR Many & Hand Gale Han	STREET (Ibrural, give location)
STREET ADDRESS OCER'S Helica State Hop.	ADDRESS 23/2 Lafacette live 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Mary	Berkley DEATH MANGE 1/ 1957
5. SEX 16. COLOR OB RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hr
WIDOWED, DIVORCED, (Specify) une roun	3/15/1868 8/ yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	maryland COUNTRY N. SQ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	Minknewn
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of Make Otto Service)	Hospital Record
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BUTWEEN ONGET AND DEATE
Immediate cause (a) Certerio seleras	he Cardio les cules della severaly
422.1 Antecedent cause(s) II Poss A - and	0 (11/5)
Diseases or conditions, if any, (b)	now offences toward
giving rise to the above cause stating the underlying cause last	
300 stating the underlying cause 1880	iono General Severalica
II. OTHER SIGNIFICANT CONDITIONS	(12.22.63 000)
Conditions contributing to the death but not related to the disease or condition causing death.	(3-22-31 - 4118)
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
	Yes \(\tau \) No \(\tau \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., ctc.) HOMICIDE INJURY	(OIII ON TOWN) (COUNTY) (BIRILY)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While m. Work At work	
- /-	
22. I hereby certify that I attended the deceased from Zella	, 1957., to 3/1/, 1957, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
axela. Paar In.D. Noore	Hoad Horn Salishay, Med. 3/11/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	
REMOVAL (Specify) 9 15 1951 1910	The Old Charles of the County
D/ 19/19/ Pretter	Will Amalor ma
DATE REC'D BY LOCAL AEGISTRAN'S SIGNATURE	T. TUNERAE DIRECTOR ADDRESS
D/ 19/19/ Pretter	Will Amalor ma

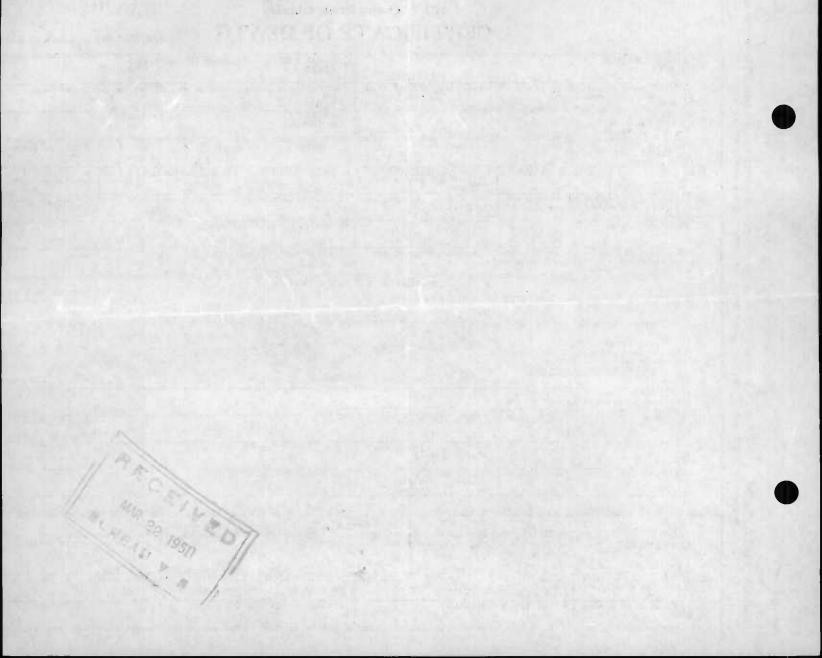
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()3()9() Reg. Dist. No. 332

I. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
CITY (If outside corporate limits, write RUPAL and LENGTH OF STAY OR give heared town) TOWN CITY (If outside corporate limits, write RUPAL and LENGTH OF STAY OR give heared town)	CITY (If outside corporate limits, write RURAL and give OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS	
3. NAME OF DECEASED (Middle) (Middle) (Type or Print) Warren Derry	(Last) 4. DATE (Month) OF DEATH TICLU.	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SOCIE MARRIED, VIDOWED DIVORCED, (Specify)	8. DATE OF BIRTII 9. AGE last birtbday If under	1 year If under 24 hrs. Days Hours Min.
10a. USUAN OCCUPATION (Give kind of work of he during nost of working life, even if retired)	11. BIRTHPLACE (State or foreign/country) 12	COUNTRY?
13. FATHER'S NAME	NOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	INJINFORMANT AND ADDRESS -	0
18. MEDICAL CE	RTIFICATION O	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Leelen , De	am Defaution	3 day
422/ Antecedent cause(s) Chronic	myodanditis	6-84.
giving rise to the above cause steting the underlying cause last (c) Esterio -	selevais -	10-12-4
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-/-	-, 19.57/to 3 -/ 7-, 19.57/that I last s	aw the deceased
alive on 3-4-, 195, and that death occurred at 2	7.557 m., from the causes and on the date st	ated above. DATE SIGNED
23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City town, or coun	3/17/5/ (State)
/ Constant (Specify) 19 2 2/51	nt Boar Convingo Ce	ul md,
REG. 3 20 5-1 Mary W Holloway	24. FURERAL DIRECTOR Pisis	address



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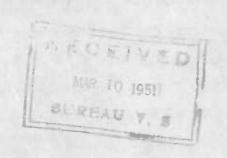
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03091

Reg. Dist. No.... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE MARYLAND CITY (Il outside copporate lifaits, write RURAL and OR girchests town) LENGTH OF STAY CITY (II outside corporate limits, write RURAL and give nearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, g ve location) ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Dev DECEASED (Type or Print) DEATH SINGLE, MARRIED, WIDOWED, DIVORCED, 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE last hirthday | If under 1 year If under 24 hrs. Months | Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of writing life, even if retired) PINTER 13. FATHER'S NAME II. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1/15. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or afknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 196x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? nevel Yes | No [PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work [1950, to Must 5, 195/, that I last saw the deceased 22. I hereby certify that I attended the deceased from... alive on Merch 5 and that death occurred at. SIGNATURE (Degree or title) PATE SIGNED 23_BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City; town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS



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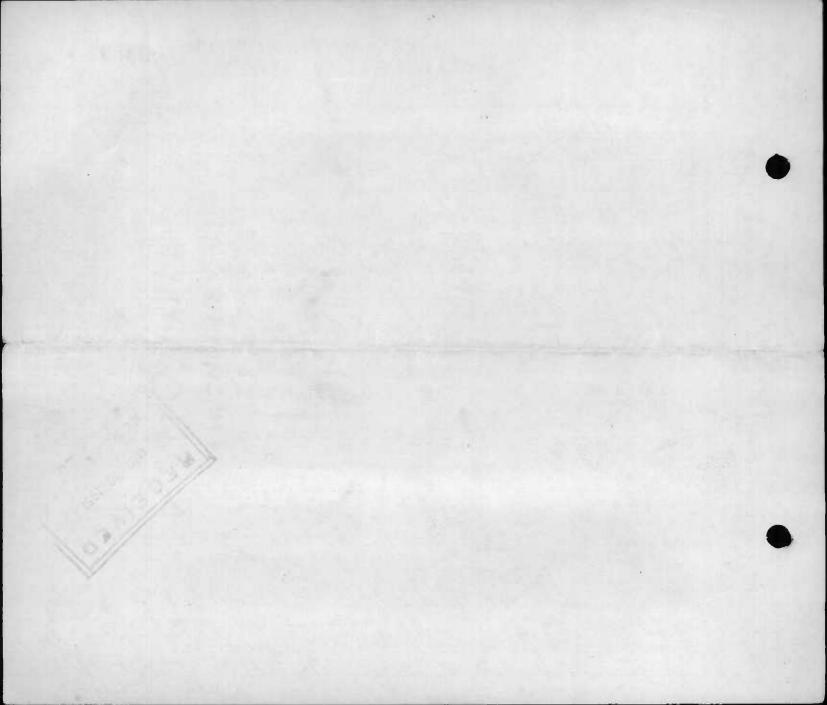
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

03092

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limite, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (in this place)	OR TOWN Wilminglan)
HOSPITAL OR INSTITUTION OR WAS A STATE OF THE STATE OF TH	STREET ADDRESS 3 C TO THE RIVER give location
STREET ADDRESS (NIWYWOULD) SWN. 10459.	" 307 1. Mare of.
3. NAME OF DECEASED MICHAEL ACCIO	(Last) (A. DATE (Month) (Day) (Year)
(Type or Print) /////FE4 / 106450 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs.
Male White WIDOWED, DIVORCED, (Specify)	Uky. 3. 18)6 74 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. King of Business of	IV. BIRTINGLACE, (State or foreign/country) 12. CITIMEN OF WHAT
13. FATHER'S NAME	or stury
unknum	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, of unknown) (If yes, give war or dates of service)	Mors. Sasa m. Conly
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) Buns of for	e chest + arms 2 ul 83 do 9 days
9/6.5 Antecedent cause(s)	
Diseases or conditions, if any, (b)	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
PRIMARY FOR CONTRIBUTING OF office description at reet, OF office description of INJURY	Dalisbury (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJULY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY 3 12 51 3 pm. While at work at work	Burney brook - facility got burne
22. I certify that I took charge of the remains described above, held an A	utopsy . Inspection & Inquiry Athereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐, accident ☐, suicide ☐, homicide ☐,	ased died on the day stated above and death in my animion resulted
SIGNATURE ((Degree or titie)	ADDRESS DATE SIGNED
farademoles M.D. depty het &	on Solobury Med 3/21/51
23. BUDIAL, CREMATION DATE/THEREOF NAME, OF GEMETE	RY ON CREMATORY LOCATION (Olty, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNEPAL DIALCTOR ADDRESS
REG. 3-22-57 Mary W. Holloway	The full & Johnson Co



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

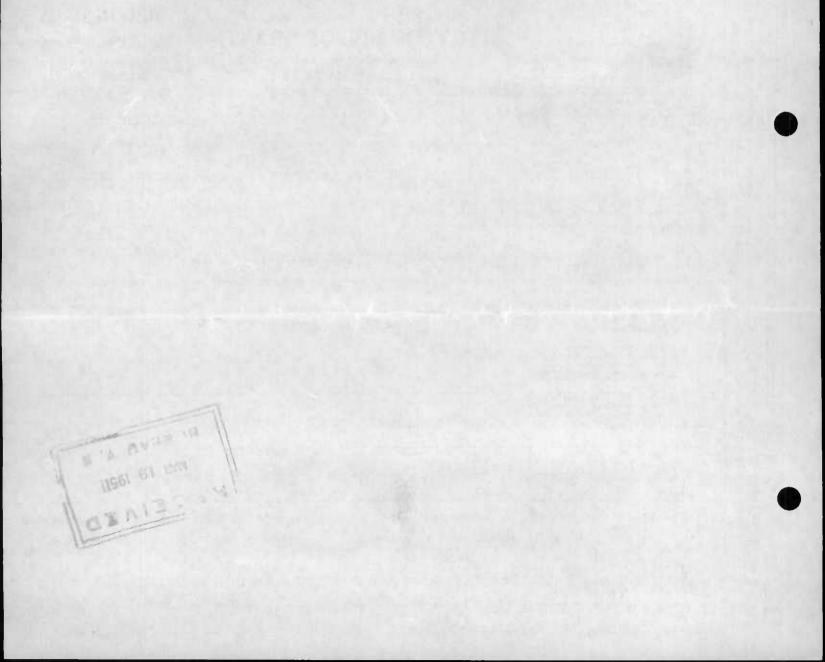
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03093

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY UNCOUNTS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
	with
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (ing this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALLO ALLO
HOSPITAL OR INSTITUTION OR STREET ADDRESS JAMSON AS.	STREET ADDRESS ANDLY (I) (I) thral, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) MUEL (RAW FORD)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH 3 /5 195
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
done division most of working life, even if retired) the street work of working life, even if retired the street work of working life, even if retired the street work of the street wor	Manylund 12. CITIZEN OF WHAT COUNTY)
Wy ander J. Caren	Minatel Wimher
15. WAS DECRASED EVER IN U.S./ARMED FORCES? 16. SOCIAL SECURITY NO. (Yel, not of the many properties of the social security No. (Security No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	17. INFORMANT AND ADDRESS
18. MEDICAL CE	PTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
f22 Immediate cause (a) Cereteral	Hemarrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	L Cardin - Vasaclar Disease:
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	/ T A
SIGNATURE: Degree or title)	ADDRESS DATE SIGNED Cander Cere Soles beugt) y d 3/15/5/
During (3/17/51 Parsano	COMMITTERY LOCATION (City nown, or county) (State)
DATE REC'D BY LOCAL TREGISTRAR'S SIGNATURE REG3-16-51 MULLI W. Holloway	24. FUNDRAL DIRECTOR OF PHYSIA CO
	Bunkle Theel " 100100



Evidence for addition 18 shown on: 1 MAR 27 1951

MARYLAND STATE DEPARTMENT OF HEALTH

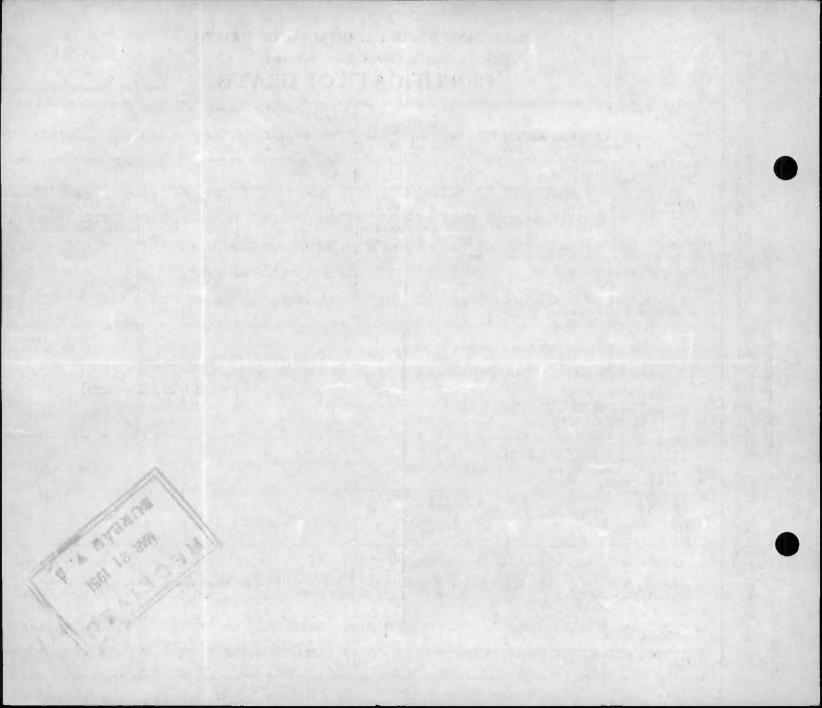
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03094

WWW

1. PLACE OF DEATH- COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FULL O. M.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Carroll 4. DATE (Month) (Day) (Year) OF DEATH 3 17 1957
Female, White Widowed, Divorced, (Specily)	S. DATE OF BIRTH 9. AGE last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!)
13. FATHER'S NAME Curtis Robinson	14. MOTHER'S MAIDEN NAME Emma Hickman
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Lilly, Barlow
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
i. Dispinsial on confidence of the confidence of	- / / / / / / / / / / / / / / / / / / /
Immediate cause (a) / Tears-	ndilion (Enlarged)
4342 Antecedent cause(s)	(3/27/51 - ams)
Diseases or conditions, if any, (b)	**************************************
950 stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
3/3	7 3/37
22. I hereby certify that I attended the deceased from.	19 1, to 3 19 1, that I last saw the deceased
alive on 3/3 19.17, and that death occurred at	3 1 1 1 1 m., from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED
1 Smith Iru	news Erme Dy 3-12-37
REMOVAL (Specify) 3/2.0/5/ Evergre	RY OR GREMATORY LOCATION (City, town, or county) Sencem: Control Control
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-19-57 Mary W Holoway	Cirro a. Burbage, Berlin, Md,



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()3()95 Reg. Dist. No. 332

	2008. 2000 1.00.	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	
Willowill MARYLAND	mandand will	ALLINO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) TOWN (in this place)	TOWN Desterville	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JENNIE	CONWAY DEATH March	31 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,		year III under 24 hrs
Female colored WIDOWED, DIVORCED, (Specify) with	Deene 15, 1863 87 yrs. Months. I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Salisbruy Maryend	DUNTRY? U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
andrew Seonard	renkonn	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	Λ Λ
(Yes, no, or unknown) (If year, give war or dates of service)	Electo Consucers - Desteron	ole no.
- Na I set vice)	Tours Commany - yearson	2011110
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Close	The or avalilat	
Immediate cause (a)	11/20000111/	
477 7.	/.	
722, LAntecedent cause(s)		
Diseases or conditions, if any, (b)		
930 giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(000,12)	(011112)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INJURY COCCUR!	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Mause!	William 12 th	
22. I hereby certify that I attended the deceased from	, 19, to.///, 19.4, that I last sav	v the deceased
alive on March 300, 1957, and that death occurred at	.20. A., m., from the causes and on the date stat	ad all and
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
MA AAI G	, 0	DATE SIGNED
Wellicery Thered, M.D.	tielser. Ind-	narch 3/ 457
	RY OR CREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 17/4/5/ Sestewill	- Church tem! gestewiele	n. W
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 4-9-5-1 Mary 111 Hollows	My maril B: D.	. h. A
- Tall Industry Hollo Harry	v. 1. 01 usace Buckle	CIMA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03096

		ODMITTOLL	D OI DEIII	ZZ R	eg. Dist. No	D.U.D	*********
1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (HOME) OF DECE	ASED		
	omico	MARYLAND	STATE Marylan	d	COUNTY	icomic	0
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor	ate limits, write RI	JRAL and give	a nearest tow	n)
		50 yrs.	TOWN	Sharptown			
HOSPITAL OR INSTITUTION O	R		STREET	(If rural, giv	ve location)		
STREET ADDRE	ss Water St.		ll Wate	r St.			
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Myrtle	Ray	Cooper	DEATH	March	16	1951
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH	9. AGE last birthe	iay If under Months		der 24 hr
Female	White	(Specify) Widowed	11/18/1882 0		Til.		
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF	WHAT
Housewi	î'e	None	Maryla		1 '		SA
13. FATHER'S NAM	Aug.		14. MOTHER'S MAIDEN				
	Josepheus Th		Mary Ven				
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES	of I	17. INFORMANT AND				
no	service)	none	Mrs. Ruth B	ennett			
		18. MEDICAL CE	RTIFICATION			INTERVAL B	2 marray
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
		Canainama ki	dnass				
fo > Immediat	e cause (a)	Carcinoma ki	dney				
	nt cause(s)						
52 Diseases or	conditions, if any, (b)		***************************************	* * ******* * * * * * * * * * * * * *		***************	
stating the u	inderlying cause last						
	(e)						
Conditiona contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. Diabetes - chr	onic nephritis				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOI	PSY?
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown)	(COUNTY)	(STAT	E)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CURI			
OF INJURY	m.	While at Not While Work At work					
			50 3/10	51			
22. I hereby cert	ify that I attended the	e deceased from	, 1950, to 0/10	, 19.51, th	nat I last sa	w the dec	eased
aliva on 3	/15 19.51 en	d that death occurred at	10 8 m from the	course and on	the data ata	ted shows	
SIGNATURE	. / . /	(Degree or title)	ADDRESS	causes and on	one date sta	DATE SI	GNED
2/3	Kuhlma	2				- 1- 1	
1.0.			Sharptown, Md			3/20/	-
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THERE			LOCATION (City,	town, or county	7) (8	State)
Rurial	3/20/5		24 FUNERAL DIRECTO	Shar	ptown, 1		0
REG/21/51		SIGNATURE U. Wann	24 AUNERAL DIRECTO	1 11/1	Vacto	ADDRES	8

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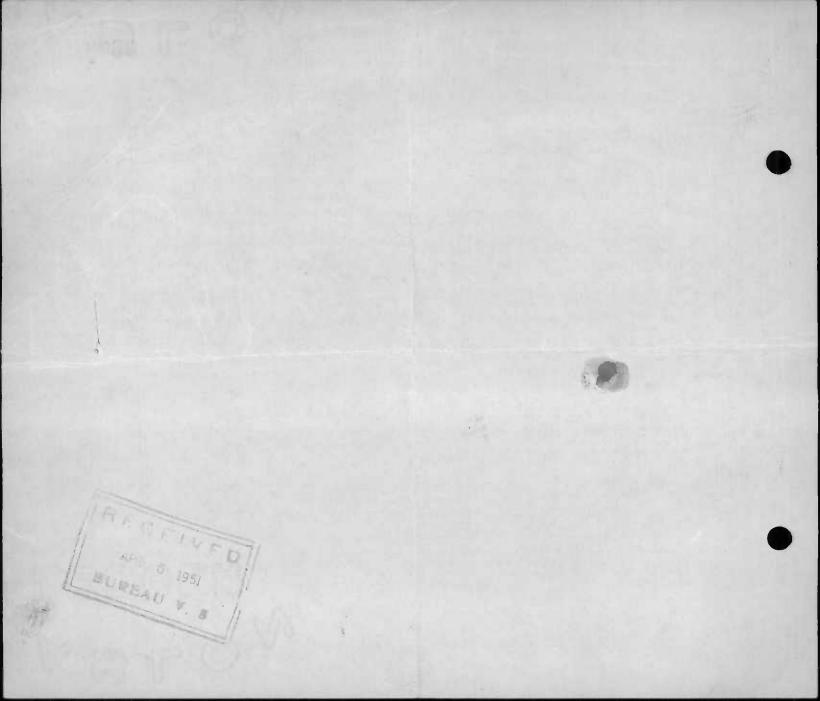
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

03097

1. PLACE OF DEATH-	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Wicomico MARYLAND	STATE Moryland COUNTY	Wicomico
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e negrest town)
OR give nearest town (in this place)	II OR	b ilear oes towns
HOSPITAL OR HEDRON 3741	TOWN He bron STREET (if rural, give location)	
INSTITUTION OR TOTAL	ADDRESS	
	Lillian St.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH March	3] 157
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs
Male Willowed, Divorced, (Specify)	4-3-1885 65 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State of foreign country) / 12.	CITIZEN OF WHAT
done during most of working life, even if retired) Standar Work	The Jose Strenge Md.	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	03
Calward Cardiers	311 600 31/2088	Ta
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	Lier
(Yes, no, or upknown) (If yes, give war or dates of Z15 03 0182	MI WILL OF LAND	Holoron
	Mary smargrend Commen	11/2000
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
. Coronery oca	Jugion	Sudden
Immediate cause (a) Coronary occ	1.185.2011	
Antecedent cause(s)		
Diseases or conditions, if any. (b)		
7+0 giving rise to the above cause stating the underlying cause last		
(c)		A STATE OF THE STA
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	COMMON TOWNS	Yes No
PRIMARY GOR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
22. I certify that I took charge of the remains described above, held an A	lutopsy, Inspection Inquiry X thereon and f	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decer- from: notural causes , accident , suicide , homicide ,	ased died on the dry stated above, and aeath in my a	opinion resultea
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	502.N. Division S	
Falladium Deputy Medical	Evaminer alisbury Id.	7/37/5
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
Busial 4-3-51 Hebron Ce		31/1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24-FUNERAL DIRECTOR	ADDRESS
REG. 4-2-5-1 Marsh 111 Afthorner	73 90 901 : 1 K. 0	0 0 0 1/

VS. A15A



03098

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 332

1. PLACE OF DEATH COUNTY WICE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECKASED. COUNTY WASA.
CITY (If outside of porate limits, write RURAL and LENGTH OF	STAY CITY (If outsid Chrosele limits write BJTR AL and give margest town)
HOSPITAL OR INSTITUTION OR T. STREET ADDRESS L. Sakulla St.	STREET ADDRESS 4th (If relative location)
3. NAME OF DECEASED (Type or Print) FORIEXA MARTIN	DANIEUS 4. DATE (Month) (Day) (Year)
6. COLOR OF RACE 7. SINGLE, MARRIED WIDOWED, DIVORCE ISSUEDIVE	DED, OCT. 15 BIRTH Se. AGE last hirthday If under 1 year Hours Min Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. EAND OF BUSINESS done living most of working life, evol if retired) Inputs 1	S OR 11. BIRTHMACE (State or foreign country) 12. CUTIEN OF WHAT
13. FATHER'S NAME & Martin	14. MOPHER'S MAIDEN NAME (Intelly Assis)
15. Was Decrased Ever In U.S. Asked Forces? 16. Social Security I (Yes. no of unknown) (U.yes, give war or dates of service)	No. 17. INFORMANT AND ADDRESS Buske
18. MEDIC	CAL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Past and and	rous: ONSET AND DEATH
Immediate cause (a)	y comen 10.400
Antecedent cause(s)	
Diseases or conditions, if any, (b)	NBCCI :
stating the underlying cause last	
(c)	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	ION 20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work The control of the control o	HOW DID INJURY OCCUR?
	1, 2/2 5
22. I hereby certify that I attended the deceased from	/, 1920, to J/ 9, 1921, that I last saw the deceased
alive on 3/9, 195 (, and that death occurred	d at 10A.m., from the causes and on the date stated above. ADD ESS 1 DATE SIGNED
H-K- Stance My.	Salutury Mal 3/12/57
During 3/12/5/1/1100.	METERY OR CREMATORY VLOCATION (City, ton, or county) (State),
REG - /2 -5 / Mary W. Holloman	24. BUNERAL DIRECTOR & MANGEN CO
	MILIAN D. TILLIA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

163

S. Ars-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

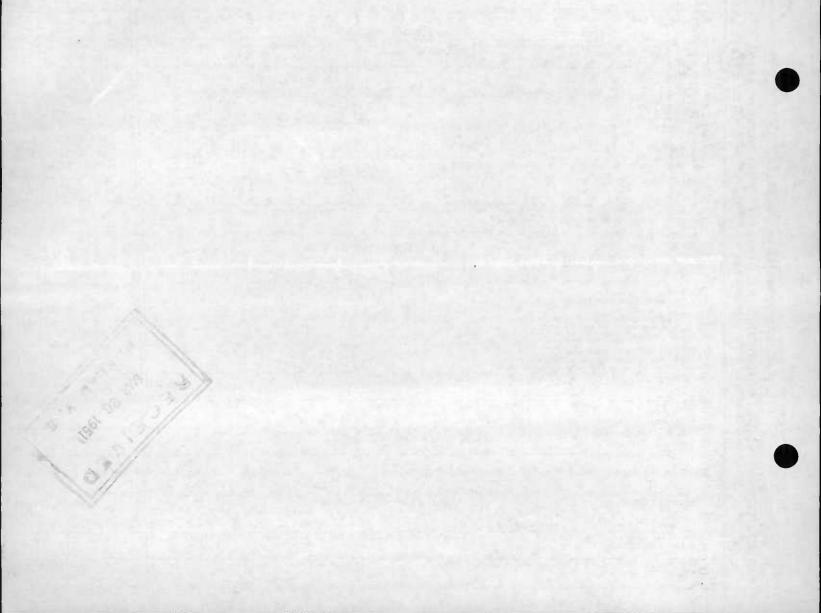
03099

		CERTIFICAT	E OF DEAT	H Reg. Dist. N	o. 336
1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Wicomico MARYLAND			STATE Maryl	and	Y Wicomico
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY			CITY (If outside corpor	ate limits, write RURAL and gi	ve nearest town)
OR givo nearest	Delmar	30 years	TOWN	Delmar	
HOSPITAL OR	B. Cook		STREET ADDRESS	(If rural, give location)	
STREET ADDRE	ss 306 Maryland	Ave.	306 M	aryland Ave.	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Olen	Monroe	Davis	DEATH March	23 19 5]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birthday If under Months	I year If under 24 hrs. Days Hours Min.
Male	White	(Specify) Married	7/12/1888	62. yrs.	
done during most of v	ATION (Give kind of work vorking life, even if retired)	INDUSTRY	11. BIRTHPLACE (State		2. CITIZEN OF WHAT COUNTRY?
Retired	Ingineer	Pa. Railroad	Laurel	Del.	USA
13. FATHER'S NAM					
15 Was Dropper E	lliam Davis ver In U.S. Armed Forces	? 16. SOCIAL SECURITY NO.	Ida Windso	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates	of			
	service)	18. MEDICAL CE		- Delmar, Del.	
I. DISEASES OR CO	ONDITIONS DIRECTLY		RIPICATION		INTERVAL BETWEEN ONSET AND DEATE
420. 1 Immediat	e cause (a)	Coronary Thrombo	sis		3 weeks
Diseases or giving rise t	nt cause(s) econditions, if any, to the above cause anderlying cause last (c)	Essential hyper	tension		15 yrs.
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	rown) (County) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OC	CUR?	
22. I hereby cert		e deceased from3/17d that death occurred at			
SIGNATURE	. 0	(Degree or title)	ADDRESS		DATE SIGNED
Erner	m. Jour	-m W.D.	Delmar, Del.		3/24/51
23. BURIAL, CREM REMOVAL (Spec				LOCATION (City, town, or cour	nty) (State)
REMOVAL (Spec	3/2 6/51	Mt. Olive O	emeterv	Delmar, Del.	
DATE REC'D BY		SIGNATURE	FUNERAL DIRECTO	OR A A A	ADDRESS
REG/26/51	Harry E.	Ludson	VI S. Eva	oul Ce - Nel	mar feel
					1/1

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	Y
CITY (R outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) (in this place)	OR ,	ve nearest town)
TOWN SALISOUMY MO.	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS Wilman Rd. Moute	2 3
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) OF	(Day) (Yeer)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
Specify) WIDOWED, DIVORCED,	1march 22-1791 yrs. 1	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
13. FATHER'S NAME	MOTHER'S MAIDEN NAME	<u>u.s.</u>
Whiden Odell Denson	Vauline Wilme Bran	ant
15. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (If year, give war or dates of gerylee)	17. INFORMANT AND ADDRESS	0
	AND THE COLUMN AND ADDRESS OF THE COLUMN AND	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) / remulu	nta	
776 Antecedent cause(s)		
Diseases or conditions, if any, (b)	O	
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		***************************************
related to the disease or condition cousing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
132. DATE OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	The state of the s
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/2?	- 195/ to 3/22 195/ that I last s	aw the deceased
,		
alive on 3/22, 195/, and that death occurred at. SIGNATURE (Degree or title)	m., from the causes and on the date st	DATE SIGNED
James M 12 ansan MI	1 erim sula Sen. Loop.	3/2451
Xonnes III. I x wow IV. V.		
23. MURIAL, CREMATION DATE NAME OR CEMET	ERY OR CREMATORY LOCATION (City, lown, or count	ty) (State)
23. YURIAL, CREMATION DATE NAME OR CEMET REMOVAL (Specify) 3/23/51	CERY OR CREMATORY LOCATION (City, lown, or country Solvey 124. FUNERAL HIRECTOR	ADDRESS
(AREMOVAL OSPECIALIST 3/23/5) Remarks	Aural Nortelal Sourless 726	



age

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03101

1. PLACE OF DEATH-		MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	UNTY Wicomico
CITY (If outside corporate l OR give nearest town) TOWN	lmits, write RURA		CITY (If outside corpor	rate limita, write RURAL a	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Woodlaw	-w /	STREET ADDRESS Vrom	(If rural, give location	00)
DECEASED (Type or Print)	(First)	(Middle) William	Deshields	4. DATE (Month OF DEATH	ch 27 1951
	OR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH harch 15, 1891	9. AGE last birthday If a Mo	under 1 year If under 24 hrs onths Days Hours Min.
done during most of working life	Give kind of work e, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY James	11. BIRTHPLACE (State Count	ty Delaware	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	eds		14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED EVER IN U. (Yes, no, or unknown) (If yes, g	S. ARMED FORCES!	1 16. Social Security No. 1 222 - 09 - 3499	Paul H. Deshield	ADDRESS a, Laurel, Dela	ware
		18. MEDICAL CE			
I. DISEASES OR CONDITIO	NS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Braletin	e coma		2 Ray
Antecedent cause Dlseases or conditions giving rise to the above stating the underlying	if any, (b)	Pialatio	million		4 gre
11. OTHER SIGNIFICANT C Conditions contributing to the related to the disease or cond	e death but not ition causing deatl				
19a. DATE OF OPERATION	19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY? Yes No D
21. ACCIDENT (Special SUICIDE HOMICIDE	y) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR	rown) (Cour	
TIME (Month) (Day) OF INJURY	(Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
Q _a	2.719.5:(, and 1.719.5:(, and DATE THEREO		ADDRESS RY OR CREMATORY	causes and on the da	te stated above. DATE SIGNED May 29/4/ county) (State)
DATE REC'D BY LOCAL	March 30, RIGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
Merch 30, 1951	Tarry	6. Hudson	J. J. Tramplor	u and Son, Federa	



VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

03102

COUNTY	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate lights, write RURAL and give nearest town)
OR give nearest town Calculating Rays (in this place)	TOWN Saluty
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colonial Road	STREET (4 rural, give location)
3. NAME OF (Eirst) (Middle) DECEASED (Type or Print) (Frances Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Acut. 25- 19 yrs. Wonths Days Hours Min.
dore such a rest of gradient for even of work in Kind of Business or Industry	II. PRETHIBLACE (State of Topign country) 17 CITEDEN OF WHAT
Clerkers Have The Landactor	Bulget Delm Riman
15. Was Deceased Hyer Lyll. S. Range Forces? 16. Social Security No. (11 yes, the part of the of 205-14. 135.	Fernand Diment Brother
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION 22. Blue Curebo Ingral Between ONSET and Deate
Immediate cause (a)	y wirearching.
Antecedent cause(s) Olseases or conditions, if any, giving rise to the above cause stating the underlying cause last	leolesteau 3 westes
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office hldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NJURY at work	HOW DID INJURY OCCUR?
	Autopsy , Inspection , Inquiry thereon and from the evidence wased died on the day stated above, and death in my opinion resulted undetermined . ADDRESS DATE SIGNED
Coloney Techer mes 300;	n Devision St Dalishen Med Fra 57
23 BURLAR, CREMATION DATE-THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, be county) (State)
DATE REC'D BY LOCAL AEGISTRAR'S SIGNATURE REG. 4-3-5-/	24 FUNERAL DIRECTOR ADDRESS
	Malt- 10 7611 10 20 2025N

STATE OF THE STATE Agrama de la companya del companya del companya de la companya de I and I wanted Same ! Sector Division and 1951 1-A

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

03103

Anhe, Meryland

		CER I IFICA I	E OF DEAT	H Reg. Dis	t. No. 332
I. PLACE OF DEATH COUNTY Wico	mico	MARYLAND	2. USUAL RESIDENCE (F STATE Naryland	d SomeP	
OR give nearest	ntico	AL and LENGTH OF STAY (in this place) 45 YEARS	OR TOWN Quantic	ate limits, write RURAL a	nd give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R SS		STREET ADDRESS	(If rural, give location	on)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
(Type or Print)	James	Elmer D:	isharoon	DEATH March	II 1951
male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	S. DATE OF BIRTH Dec. II, 1905	9. AGE last birthday If u Mo	nder 1 year on the Days Hours Min.
done during most of w	ATION (Give kind of work conking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY her chandising	Quantico, Ma	r foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
Elmer	Disharoon		Lillie Smo	oot	
(Yes, no or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service) IIO	16. SOCIAL SECURITY No.	Miss Ethel Da		antico. Md.
		18. MEDICAL CE			
I. DISEASES OR CO	NDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Puly Man	Tubercul	Ris	10 Jean
Anteceder	Antecedent cause(s)				
giving rise to	conditions, if any, (b)			Outhween 0 HH 4 MA MA 4 6 ppm 6 ppm 5 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	
A COMPANIES	(c)				
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUR	Yes No NTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certi	fy that I attended the	deceased from Ana	el, 1940, to Marcel	4.1, 19.5, that I la	ast saw the deceased
alive on Ma	recle 11th, 1957, an	d that death occurred at 8	ADDRESS from the	causes and on the da	te stated above.
Willian	y Eurels	MID	Itelini-	md.	March 12 4/20
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THEREO		RY OR CREMATORY L	OCATION (City, town, or Quantico, Ma	
DATE PECID BY	OCAL I REGISTRAR'S	SIGNATURE	LA PUNERAL DIRECTO	P() / / /	ADDDEED

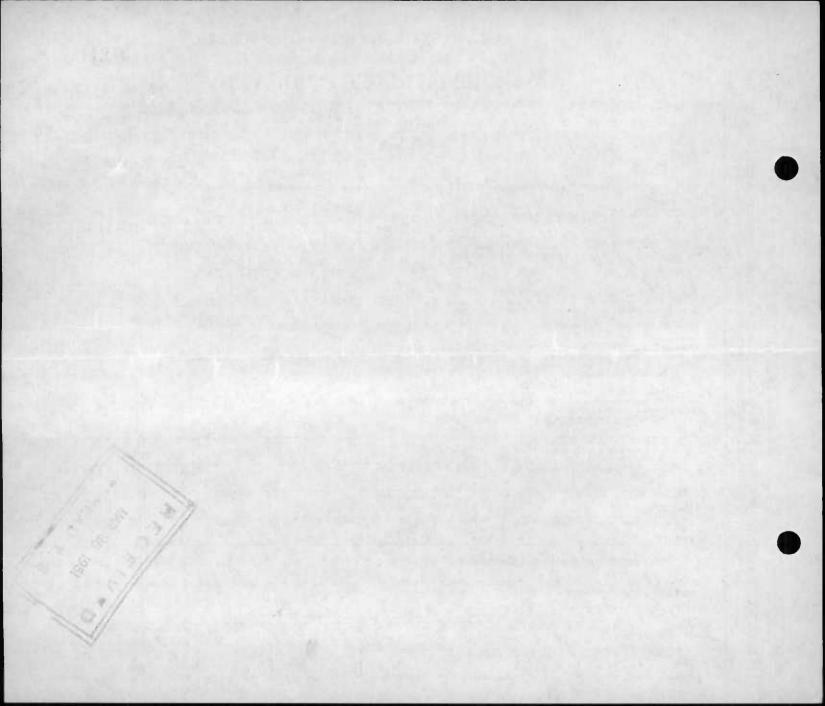
B A TVE T 11961 3-1 8500 GEVINOSRI.

2411 N. Charles Street, Baltimore

031114

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY // // // // // // // // // // // // //	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY-
CITY (If outside corporate limits) write RURAL and OR givo nearest fown (in Star place)	CITY (If outside conferente lipita, write RURAL and give nearest town) OR
HOSPITAL OR	STREET (If pure location)
INSTITUTION OR STREET ADDRESS 10V W. Gandan ave.	ADDRESS 10 Y W. Sandan Ure.
3. NAME OF DECEASED (First) POLYLINE White	OUGHTERY 4. DATE (Month) (Day) (Year) OF DEATH 3
6. COLOR OR, RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 2. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (City kind of work 10by Kind of Bukings of drift of the most of working life eyon if retired kings and the life of t	11. BIRTHPLACE (State or foreign quarty) 12. Stylen of What
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, JC o unknown) (If yes, give war or dates of service)	W. S. Usugettin
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Caroliac	Failure
434 Antecedent cause(s) Disease or conditions, if any, (b)	15
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	- Carrier
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/22	1057 4 3/25 10 57 10 17
alive on	ADDRESS .m., from the causes and on the date stated above. DATE SIGNED
Why South MD-1	alisbury Md. 3-22-51
23. BIMAL, CREMATION DATE THEREOF NAME OF CEMETER (Specific) 3 14 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RY OR CREMATORY LOCATION (City, tofn, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5-22-31 Mary W. Hollomay	In ruly & moone
	CHOUSE C. THEY " -



VS. A15

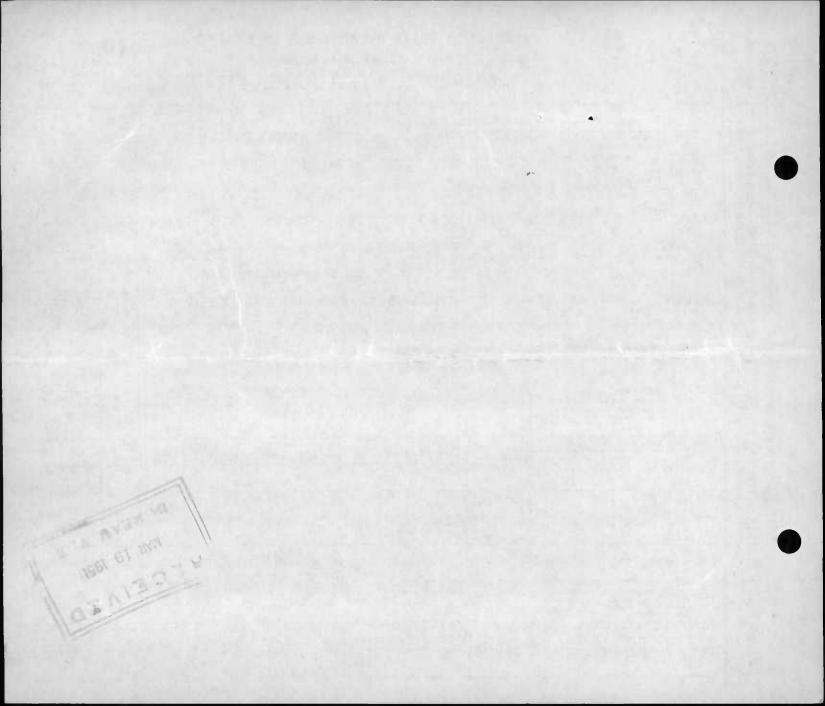
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03105

COUNTY	STATE COUN'	TV 4/1 '
MARYLAND MARYLAND	maghiland	· wico
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside forperate lights, write RURAL and	rive nearest town)
OR givo nearest town (in stbis piace) TOWN (in stbis piace)	TOWN Alleshum	
HOSPITAL OR	STREET (U rupit, give location)	11
INSTITUTION OR STREET ADDRESS 106 12. Sabulla St.	ADDRESS 106 E. Isakel	la st.
3. NAME OF (First) (Middle)	(Month)	(Day); (Year)
(Type or Print) HARO4d NATHAN	FITCH DEATH 3	14 1951
Male 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Month	r I year II under 24 hrs. Days Hours Min.
done during most of working life, even if retired)	11. BERNIPLACE (State of foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S, MALDEN NAME	
Mathan J. Setch	abbie Blackman	e)
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1.
(Yest norman known) (If yes, give war or dates of NonE	Mis. Netter m. 17	rtch
18. MEDICAL CE		
450 0 Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) Curture (b)	1/ 5.	INTERVAL BETWEEN ONSET AND DEATH
4/00	Head of wear	11.1.
Immediate cause (a) alusta.		
450 0 Immediate cause	1 4 8	1. 1.
Antecedent cause(s)	1 Coccord	com
Diseases or conditions, if any, (b) giving rise to the above cause	4 ta' :::::::::::::::::::::::::::::::::::	
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS	DPD	
Conditions contributing to the death but not related to the disease or condition causing death.	only Tradule years	sulve
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
IN DITTE OF OTHER PARTIES.		20. AUTOFSTI
CONTROL OF THE PROPERTY OF THE		Yes 🗌 No 📝
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	17 11 111 11	
22. I hereby certify that I attended the deceased from	19 to the 7, 19 that I last	saw the deceased
Can I Sum	7 - 3 - 6	
There are March 3 100 and that double formers at 6		
alive on all all all all all all all all all al		stated above.
alive on 3, 19, and that death occurred at	m., from the causes and on the date	
The R Man Med	ADDRESS ADDRESS And on the date of ADDRESS ADDRESS	stated above. DATE SIGNED
23. BUBIAL, CREMATION DATE THEREOF NAME OF CEMETER	ADDRESS ADDRESS And on the date of ADDRESS ADDRESS	stated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER ROMOVAL (Specify) 3/17/5/ PALSANO	ADDRESS ADDRESS ADDRESS RY OR CREATORY LOCATION (City town, or concerning) LINGUISM LOCATION (City town, or concerning)	nty) (Styte)
23/ BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3 / 7 5 / ALSA NO	ADDRESS ADDRESS And on the date of ADDRESS ADDRESS	stated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER ROMOVAL (Specify) 3/17/5/ PALSANO	ADDRESS ADDRESS ADDRESS RY OR CREATORY LOCATION (City town, or concerning) LINGUISM LOCATION (City town, or concerning)	nty) (Styte)



Evidence for addition

-15

DATE REC'D BY LOCAL REG. 2 - /2 -/

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1	J	U	T	1	Ī	()	

in 18 shown on:	CERTIFICAT	'E OF DEA'	TH (19740
HIMNO. G 131 MAR 27 19	51 FOR MEDICAL	EXAMINERS	Reg.	Dist. No. 332
I. PLACE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE STATE Marvle	and	COUNTY Wicomico
CITY (If outside corporate limits, write RU) OR give nearest town) TOWN SALISBUTY	RAL and LENGTH OF STAY (in this piace)	TOWN S	orate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS // West	Ora ilren.	STREET ADDRESS 11	(If rural, give lo Nestover Dr	
3. NAME OF (First) DECEASED (Type or Print) Olive	(Middle)	(Last) Frazier	4. DATE (MOOF DEATH 3	onth) (Day) (Yea 12 19
Female 6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Manual	8. DATE OF BIRTH	9. AGE last birthday	
10a. USUAL OCCUPATION (Give kind of work done during moat of working life even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WE COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME Hondy	
15. WAS DECRASED EVEN IN U.S. ARMED FORCE (Yes. no, or unknown) (If yes. give war or dates service)	SS? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS /-	
I. DISEASES OR CONDITIONS DIRECTLY	yphilitic		0	INTERVAL BETWE ONSET AND DEA
Immediate cause Antecedent cause(s)	(3/29/51 akc)	orta and chro	onic nephri	tis offear
glving rise to the above cause stating the underlying cause last	**************************************		001000100010000000000000000000000000000	0000001 was 000 00 00 00 00 00 00 00 00 00 00 00 0
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing determined.	. el.			
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
PRIMARY OR CONTRIBUTING OF	ACE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	CCUR1	
22. I certify that I took charge of the rem obtained by said Autopsy, Inspection	or Inquiry, find that said dece	ased died on the dru sta	Inquiry there led above, and death	on and from the evidence in my opinion resulted
from: natural causes [], accident [SIGNATURE	, suicide , homicide , (Degree or title)	ADDRESS	Salisbury,	Md. DATE SIGNE
23. BURIAL, OREMATION DATE THERE	Deputy Medical	L Examiner;	502 N. Divi	sion Stl

Cem

24. FUNERAL DIRECTOR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

Maskin

ADDRESS

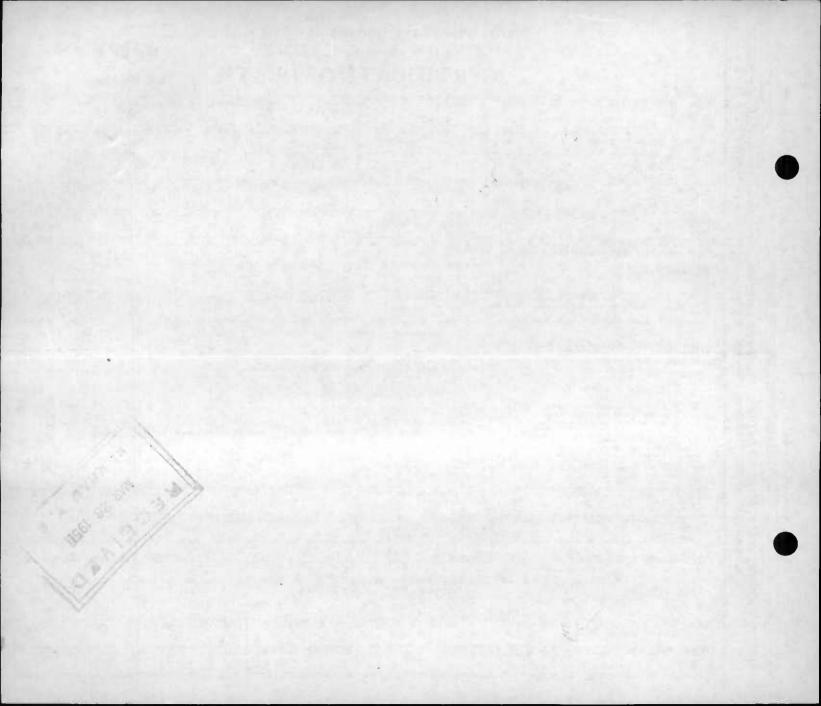


2411 N. Charles Street, Baltimore

03107

Baly GORDY	CERTIFICAT	E OF DEAT	H Reg. Dist. N	. 332
1. PLACE OF DEATH- COUNTY (1) CONNECTION OF THE RURAL	MARYLAND Land LENGTH OF STAY	2. USUAL RESIDENCE (HE STATE CITY (If outside corporate	OME) OF DECEASED COUNT	1 Come ED
OR give nearest town) TOWN HOSPITAL OR	(in this place)	OR TOWN Solution STREET ADDRESS SD 710	(If tural, give location)	,
3. NAME OF DECEASED (First)	(Middle)	(Last)	4. DATE (Month) OF DEATH March	(Day) (Year)
male col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	march 21-1951	9. AGE last birthday If under Months.	1 year II under 24 hrs Days Hours Min.
104. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Solly 14. MOTHER'S MAIDEN	foreign country) 1 Anyland NAME	2. CITIZEN OF WHAT COUNTRY'S
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of	16. Social Security No.	Gracie ma	beline Gordi	}
I. DISEASES OR CONDITIONS DIRECTLY L Immediate cause (a)	EADING TO DEATH	RTIFICATION LINT		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			PP-TTT-000 PAGE 04-04-1-04-1-04-1-04-1-04-1-04-1-04-1-0	***************************************
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION			20. AUTOPSY? Yes No X
SUICIDE OF INJUS		(CITY OR TO		(STATE)
	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	URI	
22. I hereby certify that I attended the alive on 3/22, 195/, and SIGNATURE Mes M. Disqua	that death occurred at(Degree or title)	ADDRESS La Service Ser	causes and on the date st	DATE SIGNED
KEMOVAL (Specify) 1 3/23/3	GLEMMAN	la Gunal DIRECTOR	& Solislans, 1	ADDRESS

none



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

616 From

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY CEMICO CO MARYLAND	STATE	mies
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN A S 4 4 4 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Garsons blurg	md
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. LE, M. L. D. WIDOWED, B. L. D. WIDOWED, B. L. D.	S. DATE OF BIRTH 9. AGE last hirthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry INDUSTRY WOULE		COUNTRY?
13. FAPHER'S NAME Jader	14. MOTHER'S MAIDEN NAME	in the state of th
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT BOUND	
18. MEDICAL CE	RTIFICACION //	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	hamma bass.	INTERVAL BETWEEN ONSET AND DEATH
1446× Immediate cause Antecedent cause(s) Antecedent cause(s)	t-	quays
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	perlession	Shoefini
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March	1950 to marc/ 395 that I last s	aw the deceased
alive on		ated above.
SIGNATURE (Degree or title)	ownoin ot.	DATE SIGNED
23. BURIAL, CHARACTON DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	0(1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 7 3 1 May W. Holly May	24. FUNERAL DIRECTOR	ADDRESS
- Wreary of The Contract	7208	Leopary me
V		0/

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CERTIFICATE OF DEATH

Reg. Dist. No. 332.

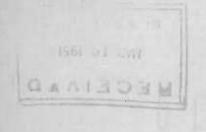
1		L EXAMINATION OF	Reg. Dist. No. Our
	1. PLACE OF DEATH- COUNTY KICOMIC MARYLAND	2. USUAL DESIDENCE (HOME)	OF DECEASED.
	CITY (If outside corporate limits, write RURAL and OR givenesses town) TOWN (in this place)	CITY (If outside or ported limit OR TOWN	write RURAL and give nearest town)
1	INSTITUTION OR THE P. S. Hoseyt,	STREET ADDRESS 409.	Backay A.
	3. NAME OF DECEASED (First) (Middle) (Type or Print)	Hearn Of D	
	female Color OR RACE SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	March 10-1847-4	last birthday If under I year If under 24 hr Menths Days Hours Min
6	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b: Kind of Business or Indicate the state of the stat		Laware SUTS A
	Harded W. Heam	MOTHER'S MAIDEN NAME	tilition
	16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	M. Hauld	V. Heam Fracke
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RETIFICATION 409. Ban	efan at . INTERVAL BETWEEN ONSET AND DEATH
	916 o Immediate cause (a) Bum for	when Bod	ij 4lm
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldge etc. CAUSE OF DEATH.	Jalesty ORTOWN)	Ween (STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY 3 9 5/13 m. Work at work	played with ne	atthe in Ame
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes, accident by suicide, homicide, SIGNATURE (Degree or title)	ased died on the day stated above	, and death in my opinion resulted
	REMOVAL ISPACITY) ///W/4/3-5/ 7/with		ON (City, town, or county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-13-51 MANY W. HOWWAY	24. FUNERAL DIRECTOR	Saluting Bred
		Walte R. X	tellousy -

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15A
PLEASE W



correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03110

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Mornica MARYLAND tramas CITY (If outside corporate liftits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) givo nearest town) TOWN TOWN STREET HOSPITAL OR INSTITUTION OR STREET ADDRESS 4. DATE 3. NAME OF (Last) (Month) (Day) DECEASED stall. DEATH March 13 1967 (Type or Print) 8. DATE OF BIRTH 9. AGE last hirthday | If under 1 year | If under 24 hrs 7. SINGLE, MARRIED. WIDOWED, DIVOROED. Months | Days | Hours | Min. (Specify) Lewall 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT done during internal working life, even if retired) INDUSTRY COUNTRY? anays 13. FATHER'S SAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND (Yes, no, or unknown) | (If yes, give war or dates of service) INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 170x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 50 stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1965 MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? No Z PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (CITY OR TOWN) (COUNTY) (STATE) SUICIDE INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not While While at Work | INJURY At work 22. I hereby certify that I attended the deceased from Jahr. 1951, to Mary 13., 1961, that I last saw the deceased ADDRESS and on the date stated above. alive on Man 12, 196 , and that death occurred at 2. SIGNATURE (Degree or title) 23. BURIAL CREMATION ADATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, pown, or county) (State) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS

7S. A15

WRITE

PLEASI

BUREAU TOS. S.

2411 N. Charles Street, Baltimore

03111

	OEKI IFIOM I	E OF DEATH	Reg. Dist. No. 3.3.
CITY (If outside corporate limits, write RU OR give near st town) HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND RAL and LENGTH OF STAY (in this place) Peril	2. USUAL RESIDENCE (HOME) OF I STATE CITY (II outside corporate limits, wrior TOWN STREET ADDRESS 2. USUAL RESIDENCE (HOME) OF I	county
3. NAME OF DECEASED (First) DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE Toa. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired	(Middle) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) k 10b. Kind of Business on (Divorced)	(Last) 7 C H S N OF OF DEATH 8. DATE OF BIRTH 7 9. AGE last 11. BUSTHPLACE (State or foreign count) 14. MOTHER'S MAIDEN NAME	hirthday If under 1 year If under 24 hrs. Montha Days Hours Min.
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, no or unknown) (If yes, give war or date service)	TES? 16. SOCIAL SECURITY NO. 18 of 717 - 09 - 273 8	17. INFORMANT AND ADDRESS	is - Delma, led
I. DISEASES OR CONDITIONS DIRECTLE Solution in the state of the state	Acute yello		Interval Between Onest and Death 2 days
Conditions contributing to the death but not related to the disease or condition causing de 19a. DATE OF OPERATION 19b. MAJOR	such,	ropic Reart dis	20. AUTOPSY?
21. ACCIDENT (Specify) PI	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
SUICIDE OF IN SUICIDE OF OF		HOW DID INJURY OCCUR?	

MAR 15 1951 BUREAU Y. 8



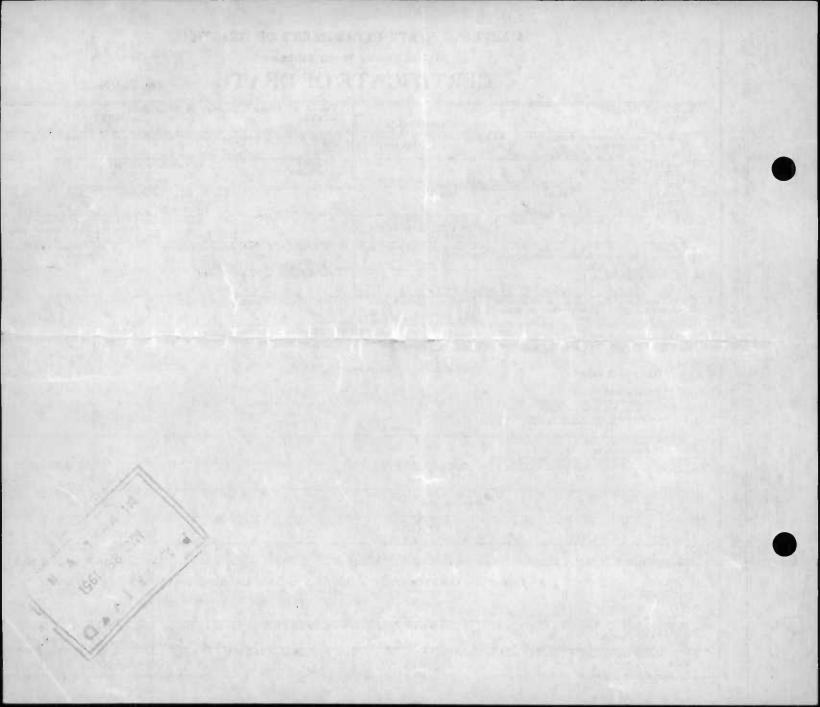
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03112

Reg. Dist. No. 332...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wisomice MARYLAND	STATE many land COUNTY Wicomies
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Several Hospital	STREET ADDRESS 194 Shird Street
3. NAME OF DECEASED (Type or Print) (First) (Middle)	Quelson 4. DATE (Month) (Day) (Year) OF DEATH March 23 19
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED.	78. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of werking life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CONTACT CONTACT
Kellow Jeach Son	14. MOTHER'S MAIDEN NAME
15. Was Decrased Ever & U.S. Armed Forces! 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Corole Morris Salibul
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Delateral Lober There Is have
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. Thereby certify that I attended the deceased from sch 2.	3, 195/, to Fred 13, 195/, that I last saw the deceased
alive on that death occurred at	ADDRESS DATE SIGNED
Claved Seleve nd.	Salesbury Ond. Of preh 23, 1951
REMOVAL (Specify) Mar - 26 Huster	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE REG 26 5 / Mary W. Alloway	Lern 1. Malson 970111
	10 singer anno mal.

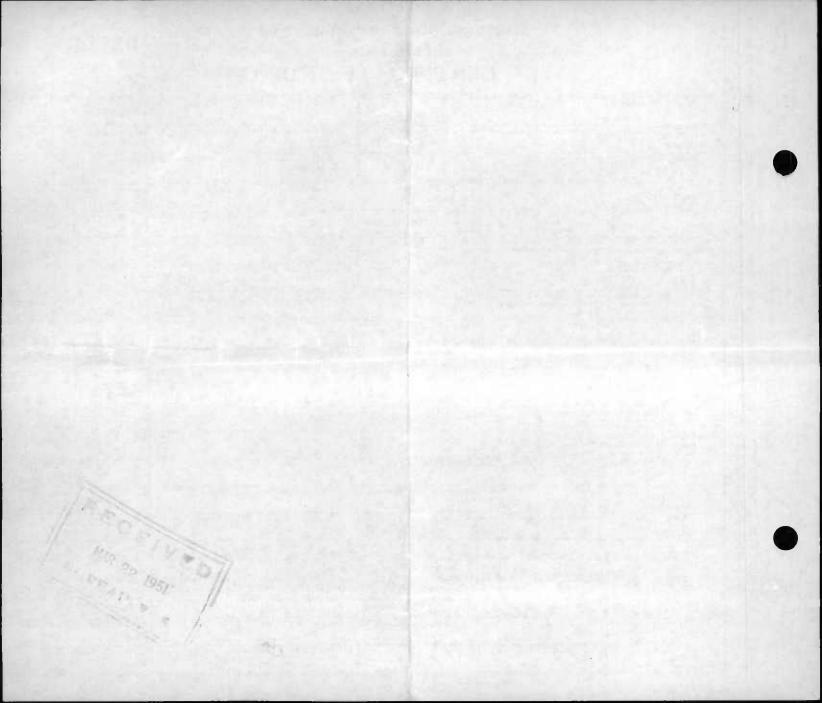


2411 N. Charles Street, Baltimore

03113

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Wecomics	MARYLAND	2. USUAL RESIDENCE (HOME) OF DESTATE MARYLAND	ECEASED. COUNTY Weenises
OR give nearest town) TOWN	L and LENGTH OF STAY (in this place)	CITY (If outside orporate limits, write OR TOWN	RURAL and give nearest town)
HOSPITAL ÖR INSTITUTION OR STREET ADDRESS		STREET (If rural	give locatioo)
3. NAME OF DECEASED (First) (First) (Type or Print)	WESTIEY	JENKINS 4. DATE OF DEATH	(Month) (Day) (Year) 19 19 19 19 19 19 19 19 19 19 19 19 19 1
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE last bi	rthday If under 1 year II under 24 hrs Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	211. BIRTHPLACE (State or foreign country	2) 12. CITIZEN OF WHAT COUNTRY? 2. S
Welliam I. Jenkin	o .	14. MOTHER'S MAIDEN NAME Cantivell	
15. WAS DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unknown) (If year, give war or dates o service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	- Bivalve md
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	BTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Inaniteou		6 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Carcurous C	brewson Bile Duck	2 yeurs
stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	***************************************		<i>V</i>
related to the disease or condition causing death			20. AUTOPSY?
			Yes No No
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	deceased from 23 Sep	1, 1948, to 19 March 1951	, that I last saw the deceased
alive on 19 March, 19.51, and SIGNATURE	d that death occurred at	ADDRESS from the causes and	on the date stated above. DATE SIGNED
Should Dance	lus WD	hauticole Wel	3/19/51
23. BURIAL, CREMATION DATE REMOVAL (Specify)	1,1951 Wicomies men	mad lark len Salistr	ty, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S:	W. Holloway	29 FUNERAL DIRECTOR	Birche, Ma.
			100106



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

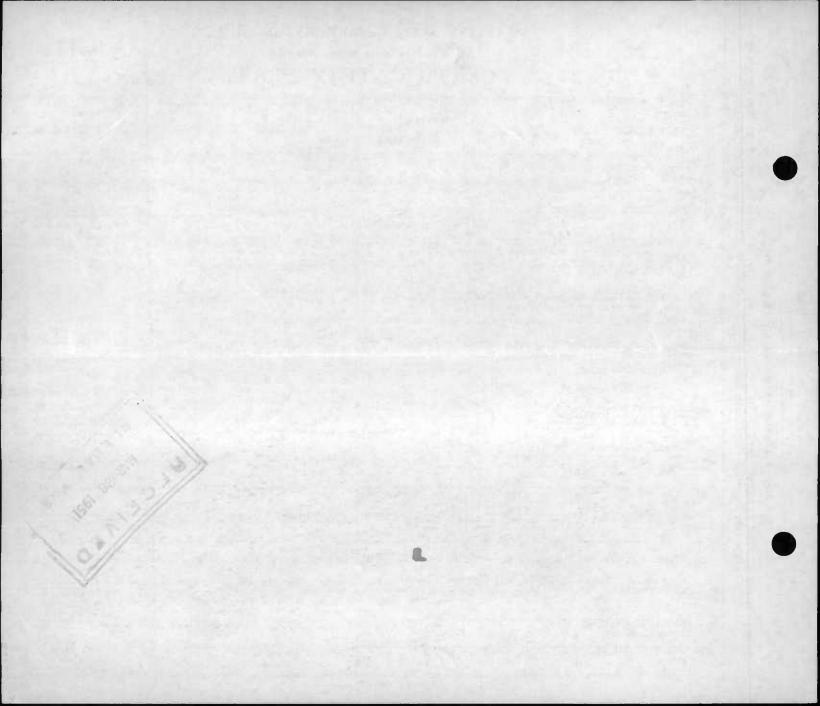
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03114 Reg. Dist. No. 332

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Priscilla A	STREET ADDRESS Pisalla Villet
3. NAME OF DECEASED (Type or Print) Jula Vuguna	Liman 4. DATE (Month) (Day) (Year DEATH Much 20 - S
5. EX 6. COLOR OR RACE 7. ANGLE MARRIED (Specify)	8. DATE OF BIRTH 9. AGE last birthday Hupder 1 year Hunder 24 h March 21-1891- 59 yrs. March 21-1891- Min
10a. USUAL OCCUPATION (Give kind of work done hung most of working Moseyan if retired) 10h. Kind of Business of Industry	11. HIRTHIPLACE (State or foreign country) 12. CITAZEN OF WHA WILLIAM MANY LANGE STREET, A
John a. Downe	14. MOTHER'S MAIDEN NAME
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (If year, give war or dates of service)	M. Hagar a. Juman son
18. MEDICAL CEI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION (york ar a Saluty INTERVAL BETWEE ONSET AND DEAT
Immediate cause (a) Myocardial C	busufficiency 4 yrs
420, O Antecedent cause(s)	ti Skeet Disease " -
Diseases or conditions, if any, (b). Diseases or conditions, if any, (b). Diseases or conditions, if any, (b).	All
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Land Control of the C
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \)
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from ly 2/	, 1947, to Merch /8, 195/, that I last saw the deceased
alive on 195, and that death occurred at.	ADDRESS DATE SIGNED
Ranis & Selvere The &	alesbury Hearyland Mark 21, 195
REMOVAL (Specify) March 23-5/ /Ve Comil)	Hem. Park Location (City, town, or county)
REG. 2-23-5-1 Mary W. Heloway	24. FUNERAL DIRECTOR Saluting ADDRESS
	Milla p Hillary V



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03115

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	1 .
COUNTY Wicomics MARYLAND	STATE Mainland COUNTY ?	vica
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest toys), (in the place)	CITY (If outside corporate limits, write RURAL and give n	nearest town)
OR give nearest to the first place) TOWN HOSPITAL OR	TOWN SHILLS KILLS	
INSTITUTION OR STREET ADDRESS OCUMN City Blud.	ADDRESS Ocian City 30	vd.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
(Type or Print) CAEORA UPEE///MA/)	1ENNERAL DEATH	7 195/
6. COLOR PR. RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last by thday If under 1 ye Months Di	ear If under 24 hrs. ays Hours Min.
10a. USI/AL OCCUPATION (Give kind of work domedicing most of working life even if retired) Libburg William Comments of the control of the co	11. BIATH LACE (State or foreign country) 12. C	THEY?
13. FATHEA'S NAME	14. MOTHER'S MAIDEN NAME	7.
namas Trellyman	trona suce	
15. (Was Decrased Ever In U.S. Armed Forces) 16. Social Security No. (Yes, 102 y unknown) (Myes, give was or dates)	17 INFORMANT AND ADDRESS	1.
100 service) 110NE	orns. C. E. Merine	che)
18. MEDICAL CEI		Daniel Daniel
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN DISET AND DEATH
Raite C	ardiac tarline	
Immediate cause (a)		
Immediate cause (a)	ple Solverio.	99990
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not	CANAL CALLED AND A	
	2	0. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.		
Conditions contributing to the death but not related to the disease or condition causing death.		O. AUTOPSY? Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While		Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OF ONE OF	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1957, to 3-27, 1957, that I last saw	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1957, to 3-27, 1957, that I last saw 10: 2 m., from the causes and on the date state	Yes No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 3 3 3 4 4 4 4 4 4 4	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 195/, to 3-2/, 195/, that I last saw ADDRESS ADDRESS ALSALES ALSALES AS 3-4	Yes No (STATE) the deceased dabove.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work 22. I hereby certify that I attended the deceased from	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 1957, to 3-27, 1957, that I last saw 10: 2 m., from the causes and on the date state	Yes No (STATE) the deceased dabove.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from 3 3 3 4 4 4 4 4 4 4	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 195, to 3-2, 195, that I last saw ADDRESS RY OR CREMATORY LOCATION (City, com, or county) Certific falso falso falso	Yes No (STATE) the deceased dabove. DATE SIGNED
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR? 195, to 3-2, 195, that I last saw ADDRESS RY OR CREMATORY LOCATION (City, com, or county) Certific falso falso falso	the deceased d above. DATE SIGNED (State)



2411 N. Charles Street, Baltimore

03116

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Kent	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest toy	um)
CITY (I outside corporate limits, write RURAL and LENGTH OF STAY OR Give nearest town) Sallsbury And Since 1/4/4	OR TOWN SELISUULY	νш)
HOSPITAL OR Pine Bluff State Hospo.	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS Route 72	/
STREET ADDRESS Salisbury Md.	11 10000 1, 0	/_
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Bertha May	Logan DEATH March 1	1951
5. SEX 1.6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under	
Female White WIDOWED MOLKORCED (Specify) Married	Aug. 6, 1895 55 yrs. Menths. 23ys Hou	min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	1 11. BIRTHPLACE (State or foreign country) 1 12 Creation of	P WHAT
done during most of working life, even if retired) INDUSTRY	Worton, Maryland Country US	Δ
Housewife 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	122
G. FAIRERS NAME		
William F. Woodmender	Sarah Holden	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS + Son: W. Robert Lo.	can
(Yes, no, or unknown) (If year, give war or dates of service)	Deceased on admission	med
	7	
18. MEDICAL CE	RTIFICATION / INTERVAL I	BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	
Dulmone	y Tederalosis. 10 vn	
Immediate cause (a)	January 10 yr	
Antecedent cause(s)		
Antecedent Cause (b)		
Diseases or conditions, if any, (b)		
Diseases or conditions, if any, (b)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not	20. AUTO	PSY?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	20. AUTO	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes [No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)		No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STAT	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c). II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yes [No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STAT	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY OF INJURY	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR?	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR?	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY OCCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from Page 1	Yes (CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 1947, to 3/1, that I last saw the dec	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 22 2 4 195 , and that death occurred at 1	(CITY OR TOWN) (COUNTY) Yes HOW DID INJURY OCCUR? 1947, to 3/1, that I last saw the decomposition of the date stated above	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY INJURY CCURRED While at Not While m. Work At work 22. I hereby certify that I attended the deceased from At work	Yes (CITY OR TOWN) (COUNTY) (STATE HOW DID INJURY OCCUR? 1947, to 3/1, that I last saw the dec	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT Specify PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY INJURY OCCURRED While at Not While Not While Work At work 22. I hereby certify that I attended the deceased from alive on 22. 4 19.5	(CITY OR TOWN) (COUNTY) Yes HOW DID INJURY OCCUR? 1947, to 3/1, that I last saw the decomposition of the date stated above	No X
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 2 2 9 195 , and that death occurred at SIGNATURE (Degree or title)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? ADDRESS DATE SI ADDRESS DATE SI ADDRESS DATE SI ADDRESS DATE SI	No XD
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 1950, and that death occurred at SIGNATURE (Degree or title)	HOW DID INJURY OCCUR? ADDRESS DATE SI OCCUPATION (City, town, or county) (SECOND IN TOWN OCCUPATION (City, town, or county))	No X) ceased GNED State)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from alive on 195 (Degree or title) 23. BUMAL CREMATION DATE (Degree or title) 23. BUMAL CREMATION DATE (Degree or title)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR?	eeased GNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY Mork At work 22. I hereby certify that I attended the deceased from alive on SIGNATURE (Degree or title) 23. BUMAL, CREMATION DATE (Degree or title) 24. A A A A A A A A A A A A A A A A A A A	HOW DID INJURY OCCUR? ADDRESS DATE SI OCCUPATION (City, town, or county) (SECOND IN TOWN OCCUPATION (City, town, or county))	eeased GNED
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from alive on 195 (Degree or title) 23. BUMAL CREMATION DATE (Degree or title) 23. BUMAL CREMATION DATE (Degree or title)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR?	eeased GNED

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLEASE



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

03117

1. PLACE OF DEATH WECOMES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUN	THOmes Leany
CITY (If outside corporate limits, write RURAL and CR give nearest town) TOWN Culling the place)	OR TOWN Systematic limits, write BURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDRESS 3334 Force D	r. apt 7/
3. NAME OF DECEASED (Type or Print) Herbert Edgar	mark/ey 4. DATE (Month) OF DEATH	(Day) (Year)
Male 6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify)	yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during month working life, even if retired) 10b. KtnD of Bustness or Industrial Industrial Control of Bustness or Industrial Control of	11. BEETHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY S 9
13. FATTER'S MAME Jacob Markley	Mabel Jene Mu	ntoque
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. or relation) (If yes/give war or dates of service)	17. INFORMANT Dusan Mark	ley
18. MEDICAL CE	RTIFICATION	0
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATE
420.1 Immediate cause (a) Coronory O	celvaen	mudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ebitio left leg	1 year
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg. etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes D. accident D., suicide D., homicide D., SIGNATURE (Degree or title)	eased died on the day stated above, and death in m	d from the evidence y opinion resulted DATE SIGNED 3 /11/5/
Buriot Specify) 3/14/51 For In	RY OR PREMATORY LOCATION (City, town, or con	ig. MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG3-12-5/ Mary W. Welloway	The Hill & Golmson Co	Salesbury"
	Mas M. C. Theolin	390906

e 1 13 1961 by 8000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03118

FINNO. G 131 MAR 20 19 GERTIFICATE OF DEATH

vidence for addition

snown on:

in #21

1. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	STATE Maryland COUNTY	· · · etas
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	napport town)
OR give nearest town) (in this place)	OR '	nearest town)
TOWN Salesbury	TOWN Bocomore	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS 4/1 5/	/
STREET ADDRESS [eninsula Ronard Hagitul		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ella W. Note	in hum DEATH March	3 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1	
windwed Divorced	Months I	Days Hours Min.
Female White Specify) Nidowed	June 6, 1868 82 yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if petired) INDUSTRY	Virginia 9	DATE OF THE PARTY
Housellife Home		47.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Wyall	Susan Wyall	
15. WAS DECRASED EVER IN U.S. ARMED FORCES / 16. SOCIAL SECURITY NO.	17, INFORMANT AND ADDRESS	
(Yes no. or unknown) I (If year, give war or dates of	TI. INFORMACI AND ADDRESS	1 5001
service some	Mes our Miles, soom	ohe 179.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Hentuis	1 110	0 1/2
Immediate cause (a)	-1V/4C/	21110
404,0		
Antecedent cause(s)	1. 0 // /	10
119 X ACI NAI / I N	UP. CAINIMIANO, LA MINUS	· VXA
Diseases or conditions, if any, (b)	- Carrier and Contraction	from the stage
giving rise to the above cause stating the underlying cause last	Alling tille	11 . /
(c) Cymaraasaas	Briting Colling Collin	MRS
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		0
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	,	20. AUTOPSY?
198. DATE OF OTERATION 188. REASON FROM OF OTERATION		20. AUTOFST!
		Yes No 2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE accident OF office bidg., etc.) home	Pocon Nore	
HOMICIDE		1 / 10.00
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY 2-16-51 m. Work At work	Pt. fell (3/19/51 akc)	
22. I hereby certify that I attended the deceased from	195/ to 3'3 195/ that I last say	the december
22. I hereby termy that I accended the deceased from	, 10, W, 15, that I last say	w the deceased
alian an 3'3 10-57 and that double assumed at	11 Down from the course and on the date of the	. 1 . 1
alive on 3, 195, and that death occurred at	Appress	ea above.
SIGNATURE Degree or title)	ADDRESS	DATE SIGNED
- 11 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nallinger not 3.	4,51
runden 10 4011	pullen Ry. 2.	1.0/
	RY OR GREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 3/6/51 Salim M.	6. Cemetry Paromoly	mad
DATE REC'D BY LOCAL REGISTIKAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2 - M 4-1	01/2/1	ADDRESS
0 1-01 mary W. Holloway	Honny Walson for	commen) md



The correct age

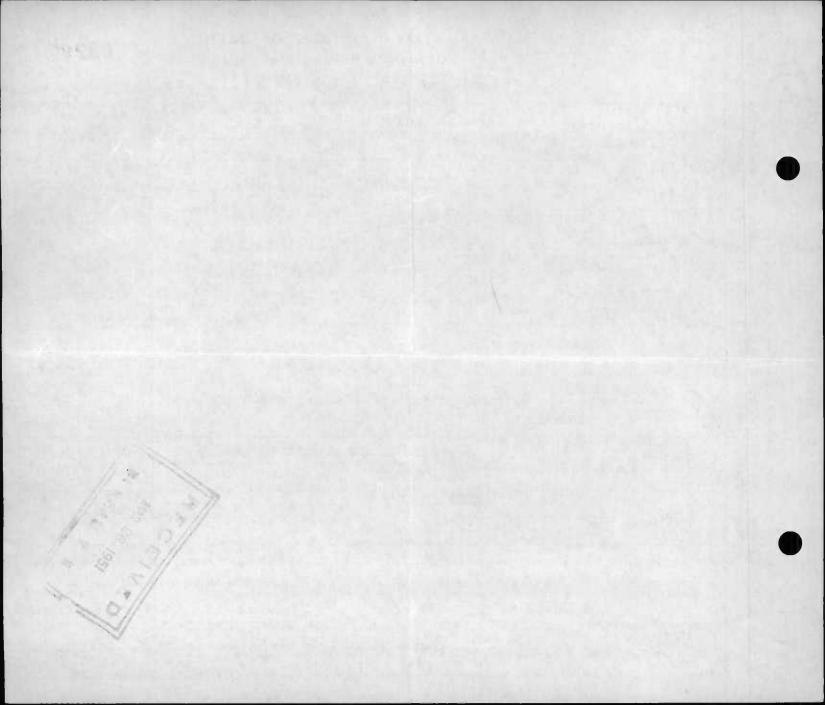
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03119

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MARYLAND	STATE anyland County	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (11 outside corporate limits, write RURAL and giv	e nearest town)
OR give near set town) (in this piace)	OR TOWN Delma	
HOSPITAL OR	STREET (Urual, give location)	
INSTITUTION OR 9 // /N / - /	ADDRESS (17 Man, give location)	7
STREET ADDRESS 2/6 / automan	2/6 Mailroad	assaul
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) LULU /YAE	PARKER DEATH 3-	20 - 1951
5 SEX 6 COLOR OR RACE 7 SINGLE MARRIED.	S. DATE OF BIRTH 9. AGE last hirthday If under	
WIDOWED DIVORCED,	Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) Industrat	11. Billing Lace (State of foreign country)	COUNTRY?
House Wife Horne		2500
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
Circhelaus Elliott	Copiled Catherine So	ady
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no, or unknown) (If yes, give war or dates of service)	a. I. Janke - Vilna	100
18. MEDICAL CE	RTIFICATION	1
	WIII 1//R13014	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	tremia	3 days
Immediate cause (a)		
592 Antecedent cause(s)	0 0 10.1.	5-11-
Diseases or conditions, if any, (b)	one rulo repartes	years
31 b giving rise to the above cause		
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not	lary anemia	
rended to the disease of condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
	74.	
22. I hereby certify that I attended the deceased from 1947.	10 to Warch 2010 5/ that I last a	the deceased
alive on March 2019 57, and that death occurred at	10 Pm. from the causes and on the date str	ated ahove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
All to love 111.15	Delinam Wed.	3-23-51
- 10,0, some c Min.	Deman, man.	3-23-31
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION City, town, or count	y) (State)
Bural (Specify) 3-23-51 First	mittedid Dolma	Del.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG/		
VIII. TO TO TOCK LEAD, I TO THE	Che & Com Por 10.1	ADDRESS 10 1
March 73.1951 Harry Coudson	Jr. & Manil Co-Sal	may sall



VS. Alo

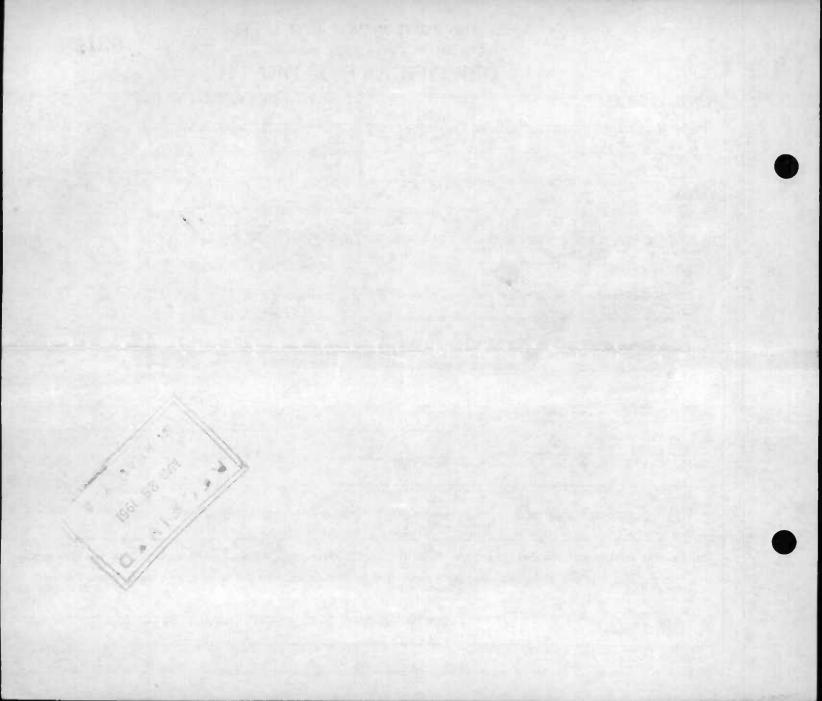
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03120

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECLASED ON THE
CITY (II o Liside copporate limits, write RURAL and Construction of Constructi	CITY (If outside exports, limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS P. S. HASPIT	STREET ADDRESS 155 M. (I rundl, give location) Blad
3. NAME OF DECEASED (Fight) (Middle) (Type or Print)	Party OF DEATH March 23 319
6. GOLOG OF RACE 7. SINGLE MARRIED, WIDOWED DIVORCED, (Specify)	18. DATE OF BIRTH 9. Additional artificial Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done duving most of working life around retired) 10b. Kand of Business of Industry INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME Daylor	Larale Marcho Williams
15. W. DEGRASED EVER IN U.S. ARMED FORCES? (Year no, or recting way (If year, give war or dates of a service)	Thellow Parism (2m)
I. DISEASES OR CONDITIONS DIRECTED LEADING TO DEATH	RETERCATIONS. WILLIAM M. Sales INTERVAL BETWEEN ON SET AND DEATH
Immediate cause (a) Arcunoma of Antecedent cause(s)	Common Acle Kuch 13 weeks
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from the lo	1957, to level 23, 1957, that I last saw the deceased
align of the state	ADDRESS DATE SIGNED
BURIAL CREMATION DATE NAME OF CEMETE REMOVAL (Speedly)	RY OR CREMATORY LOCATION (City, t wn, or county) State)
	May was a fill the state of
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS



The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

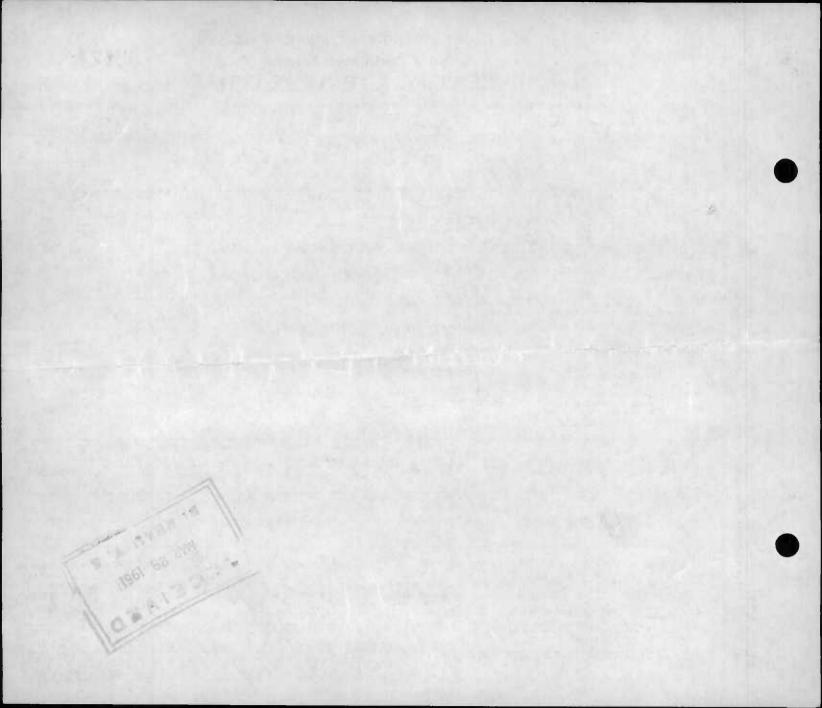
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03121

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	-1.
WWW.CO MARYLAND	STATE Manhand COUNTY	Vics
CITY (If outside to borate limits/write RURAL and LENGTH OF STAY OR give nearest lown	CITY (If outside corporate limits, write RURAL and give	nearest town)
CITY (If outside comorate limits write RURAL and LENGTH OF STAY (in this place) TOWN	TOWN Sulishies	
HOSPITAL OR	STREET Off rufal, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Last) , 4. DATE (Month) (Day) (Year)
DECEASED ALLES	1). 11 th OF 2	11 1.
(Type or Print) // OCE / CE / C. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If under 1 v	193/
male white WIDOWED, DIVORCED, (Specify)		Hours Min.
10a. USUAK OCCUPATION (Give kind of work 10k. KIND OF BUSINESS OR	11. BIRTHILACE (State or foreign gountry) 12.	CITIZEN OF WHAT
done during thest of working life, even if retired) They are award	markens	Wary O
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1.
Henry Swing Collett	Unnimaria Mall	51)
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, ac. Drup (nown) (I yes, give wards dates of service)	Walsh Volles	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/	NTERVAL BETWEEN
7/0 0	hand wear	ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4 50 Immediate cause Antecedent cause(s) Diseases or conditions, if any, order to the above cause		6 9 00
Antecedent cause(s)	2. Denne	luns
Diseases or conditions, if any, (b)		
/86 a giving rise to the above cause stating the underlying cause last	344 (1994) (1994	90 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the deeth but not	The state of the s	2 days
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	eg of ware	an Alymorphism
134. DATE OF OTERATION 135. MAJOR PHODINGS OF OTERATION		20. AUPOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	COUNT OF HOWAY	Yes No
SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
00 T 1 1 1 145 (1 4 T 144 1 1 1 4 1 1 2 1 1 1 1 1 1 1 1 1 1 1	115 Man 121 -5/	and home
22. I hereby certify that I attended the deceased from	, 19. , to the I last saw	the deceased
alive on 19, and that death occurred at 9	4.5. Pm., from the causes and on the date state	nd allows
SIGNATURE (Degree or title)	ADDRESS 0	DATE SIGNED
R man yu.D.	1.1.7. 2.1	/ . / /
Theres 11	0000114	23/3/
23. BURDAL, CREMATION DATH THEREOF NAME OF CEMETER REGIONAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county)	(State)
HIMAI 3/3/3/1 Valley re	unitas salisaura	ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DORECTOR	ADDRESS
REG. 2 911 - 21 / 1/1 2 / / / / / / / / / / / / / /		11 .
(TX + ()) (INDUCADO, THE UNITEDIA	1 July & moun	4



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03122

239

ODATI IOITI	Reg. Dist. N	0
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	v () ()
W: Comveo Maryland	maryana	Cerone Willes
OR givo nearest town) OR givo nearest town) alia elicy member 70WN	CITY (If outside corporate limits, write RURAL and gi OR TOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR Seles Head State Horn.	STREET (II rural, give location) ADDRESS River View Nursing	Home /
3. NAME OF DECEASED (Middle) (Type or Print)	Raclos. 4. DATE (Month) OF DEATH March	(Day) (Year) /2 19.5
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)		I year If under 24 hr
10a. USUAL OCCUPATION (Give kind of work 10b. Kand of Business or done during most of working life, even if retired Industry	11. BIR HPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
unknown	unknows	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of the control of the co	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Certerio selero	Tie Cardiobase. disease	years
472 Infinediate cause (a)		
Antecedent cause(s) Diseases or conditions, if any, (b)	93 64	
giving rise to the above cause stating the underlying cause last	. 0	
stating the underlying cause last (c) arterio Sclero.	no General	Years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Criterio Conservations	Province al Windsee	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ears of municipal	1 20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY	
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/13.	195/. to 3//2 195/ that I last	saw the deceased
alive on 3//2, 1957, and that death occurred at A	ADDRESS	tated above. DATE SIGNED
OSCI Q. Page MD. GLERE 23. SURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION CENT COUR.	3/12/51.
REMOVAL (Specify) March 15-57 Parson	Cim. Sality Ma	usknel.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-15-51 Mary 1. Holloway	Herry o C. Saluky	ADDRESS
	No. 16 1031.00	1 - 2 - 2 - 1 - 1



VS. A15

age

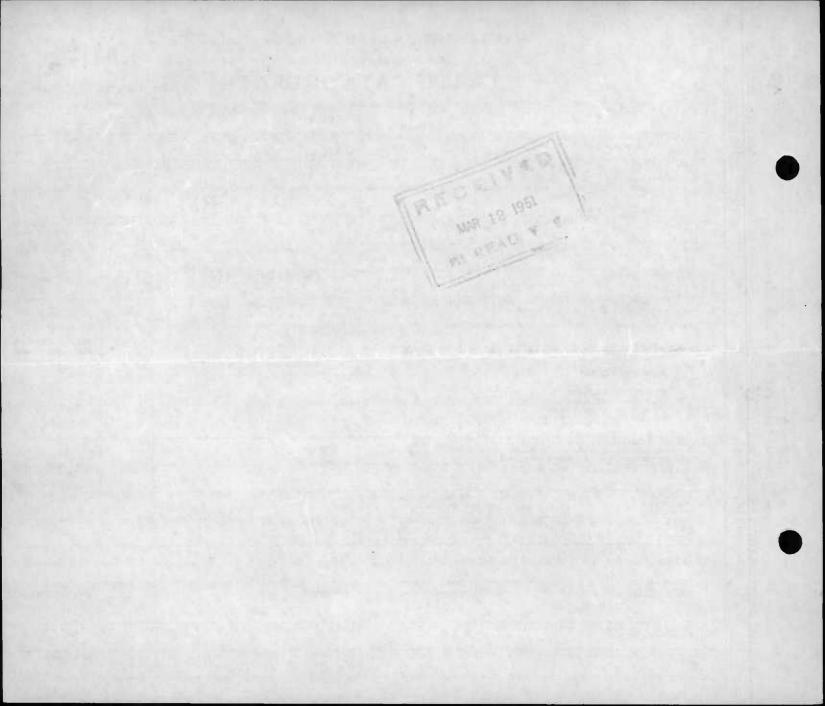
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03123

1. PLACE OF DEATH CONIC MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	ril
CITY (If double percents limits, write RURAL and CENGTH OF STAY OR TOWN (in this place)	CITY (If out of componie limits, Tie RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Rath A. DATE (Month) OF DEATH	(Year) 7-51
SEX 6 COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATH OF BIRTH 9. AGE last hirthday If under Months	l year If under 24 hrs Days Hours Min.
doc during most of working life even if retired)	11. BIRPHINACE (State or foreign country)	2. CITIZEN OF WHAT
13. EATHER'S NAME Rounds	14. MOTHER'S MAIDEN NAME	
15. (Yes, no, or unletown) (If yes, give war or dates of service)	the annie O. Roun	de (Nij)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Pelleville ma.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carknary & cc Antecedent cause(s) Diseases or conditions, if any. (b) Arteriaseleras	lusion.	5 montes.
01/ giving rise to the above cause	W	25440
11. OTHER SIGNIFICANT CONDITIONS (c) Xy furters with the underlying cause last (c) Xy furters with the underlying cause last (d) Xy furters with the underlying cause last (e) Xy furters with the underlying cause last (e) Xy furters with the underlying cause last (e) Xy furters with the underlying cause last (f) Xy furters with the underlying cause last (g) Xy furters with the underlying		254 450.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
		Yes No [2]
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19.4.8	- · · · · / /	saw the deceased
alive on 3 / 5 / 19 , and that death occurred at	m., from the causes and on the date st	DATE SIGNED
23 BURIAL CREMATION DATE THER OF NAME OF COMETER	RY OR CREMATORY LOCATION City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Le Cess . Millerille 24_FUNERAL DIRECTOR	ADDRESS
REG. 3-9-51 Mary W. Hollomay	Hollmante. Salus	try Med



03124

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (COUNTY COUNTY	
CPTY (If outside corporate limits/write RURA OR give nearest town) TOWN		CITY (If outside corpor OR TOWN	ate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10/8 Sex 2	ware St	STREET ADDRESS	(If rural, give location)	
3. NAME OF (First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	W. D	arage	OF DEATH	// 196 ⁻
5. SEX 6. COLOR OR RACE Cal,	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday If und Mont	ler I year If under 24 hrs hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	A. BIRTHPLACE (State		12. CITIZEN OF WHAT
13. FATHER'S NAME	270.700	14. MOTHER'S MAIDEN		200711.
Wannin Barre	0)	unkno	711	
15. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT	2	
(Yes, no, or unknown) (If yes, give war or dates of service)	1216-16-5389	Ethel	ovoge. Be	liobury mo
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	0	INTERVAL BETWEEN ONSET AND DEATH
	Carcinoma of	rachim		1 year
Immediate cause (a)	Odicinona or	T. G. COLLINI		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		1940 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		***************************************
(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	à.			
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
7/29/50				Yes 🗆 No 🏗
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (COUNT	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	,	, 1950, to 3/11	, 1951, that I last	saw the deceased
alive on 3, 195/, and SIGNATURE	d that death occurred at/Z (Degree or title)	ADDRESS from the	causes and on the date	stated above. DATE SIGNED
Tolladerly	MO 502 N.	Division St;		d. 3/13/5
23. BURIAL, GREMATION DATE THEREO REMOVAL (Specify) 3-14-	NAME OF CEMETE	RY OR CREMATORY	Mofkoville	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
- Joseph Market	w journay.	Sa	Perheered met	101/1/1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK: Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

1961 91 81¹

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03125

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY WARVIAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARTIMAD	Manyaux
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside comporate limits, write RURAL and give nearest town) OR TOWN TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print)	STEWART OF DEATH March 15 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Wis Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS 9 Thompson St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH CO LOCUS
331X Antecedent cause(s)	
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	sun 3 years.
If. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	(A) The from the causes and on the date stated above.
Ofter empultations with hiederal Exaurus	web. Noutrobe had 3/16/51
REMOVAL (Specify) 3/18/51 Sharpton	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 17-5-1 MAXULL HOLLOWALL	FUNERAL DIRECTOR ADDRESS ADDRESS MA



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03126

CERTIFICATE OF DEATH

Delmore		
Y. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	,
COUNTY WICOMICO MARYLAND	STATE Maryland. Jomes	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) Salishoury (in this place)	OR TOWN Chauce.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PANYASULA GENEVAL HOSPI, tal	STREET (If rural, give location) ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Fred 5+	ewart DEATH March	5 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDSWED, DIVORCED, USBETIGHT OF WILL.	Not Oblavable 6 9 yrs	Days If under 24 hrs. Hours Min.
10s USUAL OCCUPATION (Give Indust work 10b. Kind of Business on done in the property of the life, syn if still industry	11. BLATHPLACE (State or foreign country) 12	OTIZEN OF CHAT
13. FATHER'S NAME Stewart	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, 40, or unknown) (If year, give war or dates of service)	17. OF ORALLY MYD ADDRESS Come	ned
to Manager of	DETERMINATION OF THE PROPERTY	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	riffication	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) // (1) Carde	I stanffeciency	/ sunthe
Antecedent cause(s) Diseases or conditions, if any, (b)	votic Heart Deside	
giving rise to the above cause stating the underlying cause last	in Essential	. ************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No T
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from .3-/	, 19.5/, to 3-5 , 19.5/, that I last sa	aw the deceased
alive on 3-5. 19.5., and that death occurred at	ADDRESS	ated above.
Raid Dilume Thol	Salistury Mul. Ma	rch 6 1951
23. BURIAL CREMATION DATE NAME OF CEMETER BEMOVAL (Specify) 3 7 5 1	RY OR CREMATORY LOGATION City, town, or count	y) / (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/17/5/	24. FUNERAL DIRECTOR COLOR	ADDRESS
- // of the same of the same of		novvit



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

leg. Dist. No. 337

<u> </u>		
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCY (HOME) OF DECEASED.	y O
CYMY W	CITY (If outside corporate limits, write RURAL and gi	
TOWN give for this place)	OR Manual Town Manual Town	ve nearest town)
HOSPITAL OR INSTITUTION OR P.O.	STREET PO. (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Juille 4. DATE (Month) DEATH Much	(Day) (Year)
5. SEX COLON OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	I. BLETHPLAGE (State or foreign country)	CITIZEN OF WHAT
13. FACHER'S NAME P. Dwilley	14. MOTHER'S MAIDEN NAME	7
15. Was Decreated Ever In U.S. Armed Forces? (Yes. 10, or uping m) (If yes, give war or dates of leaving m) (If yes, give war or dates of leaving)	INFORMANT AND ADDRESS July Munnie B. July	Avill
18. MEDICAL CEI	RTIFICATION 20 H Mandale 1	111
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 10 17 Tractice VIII	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) a Cute Cardi	. C. 7	4 das 10.
Immediate cause (a) Cleans Curacy	ac again	7 9-40.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	leraso	3/
(c) Wrehal Hers	workage - Hyputensen	8guns.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) NJURY (INJURY)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. At work	HOW DID INJURY OCCUR?	
	12 24-16 21	
	1960, to Har 9, 1951, that I last s	aw the deceased
alive on Med 7 , 1961, and that death occurred at	ADDRESS and on the date st	
AS Tuklinger MA	Shartten had	DATE SIGNED
24 BURIAL CREMATION DATE THEREOF NAME OF CEMEREI		(Style) (St
That 1201 Made		Kuylanti
REG 13 5 Mary W. Holloway	Holloway of Saluting	ADDRES
	be 14 1/10 2401	I and the same

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

S. A15

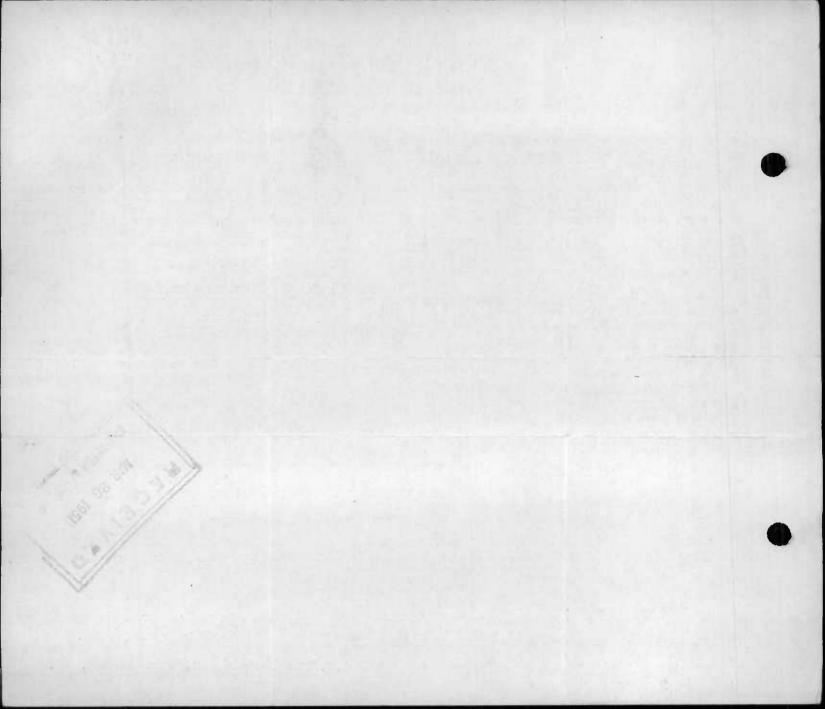
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	The corr
D FOR BINDING	ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK. Sur
	ASE WRITE PLAINLY is especially

		TOTE WIED TOTAL		neg. D	18t. No. U.J.
1. PLACE OF DEAT COUNTY WIC	omico	MARYLAND	2. USUAL RESIDENCE (STATE Maryla		SMIE0
OR give neares TOWN Marc	corporate limits, write RUR. t town) iela Springs	AL and LENGTH OF STAY Life	II OR	ate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R		STREET ADDRESS	(If rural, give loca	tion)
3. NAME OF DECEASED (Type or Priot)	(First) William	(Middle) H enry	(Last) Waller	4. DATE (Mont	
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Married	s. DATE OF BIRTH Oct. 29, 1895	9. AGE last birthday I	funder 1 year If under 24 hrs. Mooths Days Hours Min.
done during most of Day La	PATION (Give kind of work working life, even if retired)	10b. Kind of Business or Industry Farm	Wicomico Coun	ty, Maryland	12. CITIZEN OF WHAT
Isaac I	Maller		Olevia (maider		1)
15. WAS DECEASED E (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY NO.	Mrs. Payge Pi	nkett, Mardela	, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
1201) Immedia	te cause (a)	Coronary occl	usion		Sudden
Antecede Diseases or giving rise t	ont cause(s) conditions, if any, to the above cause underlying cause last				
	ICANT CONDITIONS outing to the death but not age or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY? Yes □ No □
21. EXTERNAL CA PRIMARY OR C CAUSE OF DEAT	USE WAS ONTRIBUTING PLA OF H.	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (CO	UNTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CCUR?	
obtained by sa	id Autopsy, Inspection on l causes (A), accident (ins described above, held an A r Inquiry, find that said deceded, suicide , homicide , compared the puty Medical E	ased died on the day state undetermined []. ADDRESS XAMINET; Sal:	ed above, and death is	n my opinion resulted DATE SIGNED 3/13/51
REMOVAL (Spe- Burial DATE REC'D BY	March 15,	1951 Methodist Ca	emetery 1 24. FUNERAL DIRECTO	Mardela Sprin	gs, Md.
March 15, 19	1 11	V. Hollomay	J.J.Framptom a		
3-21-57					820105



correct age

Samuel

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03129

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY MARYLAND	STATE mary land COUNTY		
CITY (If outside corporate limits, write RURAL and CR give nearest town) OR give nearest town) CONN CONN	CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN	wn)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penensula General Hospital	STREET (If rural, give location) ADDRESS	1	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH March / 7	(Year)	
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 1 year Hounds. yrs.	der 24 hrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN COUNTRY?	OF WHAT	
Seon David Webster	6 dith Curling		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Prematuity.	RTIFICATION INTERVAL ONSET AN		
Antecedent cause(s) Diseases or conditions, if any, (b) Premature numbers of	fundas à prenature labor.		
stating the underlying cause last (c) (c) (c)	V	P-17-2	
Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTC	OPSY?	
	Yes A	No 🗆	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STA		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?		
22. I herehy certify that I attended the deceased from 3: 1.7			
alive on 3.17. , 19.51., and that death occurred at SIGNATURE (Degree or title)	ADDRESS , from the causes and on the date stated above	e. IGNED	
X Steelman W. Smith M.D. c.M.	Salesling med . 3.18.5	1	
REMOVAL (Specify) 3/18/5/ (mmsn	See Lynnal Horpites, Solistony mo.	(State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-14-5-1 Mary W. Holloway	Pennsula General Hospitas	58	
203171301181	Salisbury Mid		



2411 N. Charles Street, Baltimore

03130



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

COUNTY	PD
TOWN	e fo
	ADI
3. NAME OF DECEASE (Type or I	D
5. SEX Male	
10a. USUAL dove during	most
13. FATHER	rs i
(Yes, no or u	rasi
I. DISEASE	S OI
att Ox	me
61 Di	sease ing t
II. OTHER Condition related to	s cor
19a. DATE	OF
21. ACCIDE SUICIDE HOMICI	3)
INJURY	_
22. I here	-
alive o	n

9	CERTIFICAT	E OF DEATH	Reg. Dist. N	io. 332
1. PLACE OF DEATH- COUNTY //COM/CO	MARYLAND	2. USUAL RESIDENCE (HOME STATE Marylar	e) of deceased-	erset
CITY (If outside corporate limits, write RUR OR give hearest town) TOWN	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate im OR TOWN POCOMO	Ke	ive nearest town)
HOSPITAL OR INSTITUTION OR PENINSULA STREET ADDRESS PENINSULA	Gen Hosp.	STREET ADDRESS RAS	(If rural, give iocation)	V
3. NAME OF DECEASED (Type or Print)	(Middle)	right	DATE (Month) OF DEATH / Grc4	(Day) (Year) 1957
5. SEX Color or RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	1888	63 yrs. Months	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work doyle during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	North Caroli	Na	COUNTRY 5.
13. FATHER'S NAME		UN KNOWN	4.E:	
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If year, give war or dates of the control of t	11 16. SOCIAL SECURITY NO.	IT INFORMANT, AND ADD		noke, My
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause Antecedent cause(s)	18. MEDICAL CE	RELETUS		INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	th.			
19a. DATE OF OPERATION 19b. MAJOR				Yes No No
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR TOWN	(COUNTY	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR		
22. I hereby certify that I attended the alive on 3/1, and SIGRATURE	e deceased from 3/8 ad that death occurred at (Degree or title)	, 199 (, to 3/5, , , ,) ADDRESS	192, that I last sees and on the date s	
REMOVAL (Specify) BY SPECIFIC SPECIFY BY SPECIFICATION PATE BY SP	NAME OF CEMETER	10 1111	TION (City, town, or cou	Ay State)
DATE REC'D BY LOCAL BEGISTRAR'S REG. 9-3-1	SIGNATURE (1) Att Cowned	24. FUNERAL DIRECTOR	SON, POCON	ADDRESS NOKE, Md
			6	90408

